DOCUMENT RESUME

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TITLE Service Center for Handicapped Children. Incentive Grant Report: ESEA Title III.

INSTITUTION California State Dept. of Education, Sacramento. Bureau of Program Planning and Development.; Shasta County Superintendent of Schools, Redding, Calif.

SPONS AGENCY Bureau of Elementary and Secondary Education (DHEW/OE), Washington, D.C.

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DESCRIPTORS Behavior Change; Community Role; *Community Services; Diagnostic Teaching; Educational Diagnosis; Ethnic Groups; Exceptional Child Services; Handicapped Children; Identification; *Interagency Cooperation; Medical Evaluation; *Multiply Handicapped; Parent Role; *Pilot Projects; Program Descriptions; *Rural Areas; Students; Teacher Role

IDENTIFIERS Shasta County California

ABSTRACT

Reported is a 4-year project which resulted in a model service center for handicapped children, emphasizing the identification of handicapped students (18 months-adult) lacking adequate services; provision of multidisciplinary task force of specialized personnel to diagnose, prescribe, and instruct students, parents, and teachers; assistance to teachers in developing behavior modification and analysis skills; and organization of community service efforts into constructive programs to aid multihandicapped students whose school progress was impeded by diverse physical/medical, social/behavioral, and cognitive/educational factors. The project covered isolated rural areas in six Northern California counties and served Negro, American Indian, and Spanish groups whose members evidenced more than eight handicapping conditions (such as mental retardation, deafness, and physical handicaps). Included in the report is information about staff development, project products, budget, and possibilities for potential adaptation/adoption of the program by other communities. Such issues as parent-community involvement, the nature of the communities served in terms of social isolation, cultural deprivation, attitudes toward cognitive problems, and frequency of migration, and design and implementation of adequate interventions are discussed. The report contains an article which summarizes the project and presents a model for identification, diagnosis, and management of the problem student in the rural school setting. (LH)

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ESEA, Title III

INCENTIVE GRANT REPORT

ESEA TITLE III, PROJECT NO. 1307-1

June 29, 1973

EC 07 1371

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NA (blank form)

NA

California State Department of Education
721 Capitol Mall
Sacramento, California 95814

Bureau of
Instructional
Program Planning
and Development

ESEA TITLE III STATISTICAL DATA
Elementary and Secondary Education Act of 1965
(P.L. 89-10 as amended by P.L. 90-247)

THIS SPACE FOR STATE USE ONLY →	County	District Code	Project #	Type	

SECTION A - PROJECT INFORMATION

1. REASON FOR SUBMISSION OF THIS FORM (Check one)
A [ ] INITIAL APPLICATION FOR TITLE III GRANT OR RESUBMISSION
B [ ] APPLICATION FOR CONTINUATION GRANT
C [X] End of Project Report

2. IN ALL CASES EXCEPT INITIAL APPLICATION, GIVE ASSIGNED PROJECT NUMBER: 1307-1

3. MAJOR DESCRIPTION OF PROJECT: (Check one only)
A [X] INNOVATIVE C [ ] ADAPTIVE
B [ ] EXEMPLARY

4. TYPE(S) OF ACTIVITY (Check one or more)
A [ ] PLANNING OF PROGRAM
B [ ] PLANNING OF CONSTRUCTION
C [ ] CONDUCTING PILOT ACTIVITIES
D [X] OPERATION OF PROGRAM
E [ ] CONSTRUCTING
F [ ] REMODELING

5. PROJECT TITLE (5 Words or Less)

Service Center for Handicapped Children

6. BRIEFLY SUMMARIZE THE PURPOSE OF THE PROPOSED PROJECT AND GIVE THE ITEM NUMBER OF THE AREA OF MAJOR EMPHASIS AS LISTED IN SEC. 303, P.L. 89-10. (See instructions)

1. Identify handicapped minors who are not receiving adequate services.
2. Provide a Task Force of specialized personnel for diagnosing, prescribing, and instructing the: a. Handicapped minor b. Parent and, c. Teacher.
3. Assist teachers of handicapped students in developing behavior modification and analysis skills, guaranteeing student success.
4. Coordinate into constructive programs, community services of both Private and Public organizations and groups concerned with the handicapped.

ITEM NUMBER 3

7. NAME OF APPLICANT (Local Education Agency)	8. ADDRESS (Number, Street, City, State, Zip Code)
Shasta County Superintendent of Schools	Room 105 Shasta County Courthouse Redding, CA 96001

9. NAME OF COUNTY	10. CONGRESSIONAL DISTRICT
Shasta	2

11. NAME OF PROJECT DIRECTOR	12. ADDRESS (Number, Street, City, State, Zip Code) (Bus.)	PHONE NUMBER (Bus.)
Dale E. Thorsted	1372 West Street Redding, CA 96001	246-2118 AREA CODE 916

13. Name of Authorized Agent	14. ADDRESS (Number, Street, City, State, Zip Code) (Bus.)	PHONE NUMBER (Bus.)
Ray Darby	Room 105 Shasta County Courthouse Redding, CA 96001	243-2162 AREA CODE 916

15. POSITION OR TITLE

Superintendent of Schools, Shasta County

Signature of Authorized Agent	DATE SUBMITTED
[signature]	June 29, 1973

SECTION A – Continued

16. LIST THE NUMBER OF EACH CONGRESSIONAL DISTRICT SERVED	17A. TOTAL NUMBER OF COUNTIES SERVED	18. LATEST AVERAGE PER PUPIL ADA EXPENDITURE OF LOCAL EDUCATION AGENCIES SERVED
2	6	$ 864.10
	B. TOTAL NUMBER OF LEA'S SERVED: 84	
	C. TOTAL ESTIMATED POPULATION IN GEOGRAPHIC AREA SERVED: 158,400	

SECTION B – TITLE III BUDGET SUMMARY FOR PROJECT (Include amount from item 2c below)

1.		PREVIOUS OE GRANT NUMBER	BEGINNING DATE (Month, Year)	ENDING DATE (Month, Year)	FUNDS REQUESTED
A.	Initial Application or Resubmission		7-1-69	6-30-70	$ 45,759.
B.	Application for First Continuation Grant		7-1-70	6-30-71	$ 41,175.
C.	Application for Second Continuation Grant		7-1-71	6-30-72	$ 41,175.
D.	Total Title III Funds	Dissemination	7-1-72	6-30-73	$ 44,000.
E.	End of Budget Period Report		7-1-72	6-30-73	$ 172,109.

2. *Complete the following items only if this project includes construction, acquisition, remodeling, or leasing of facilities for which Title III funds are requested. Leave blank if not appropriate.*

A. *Type of function (Check applicable boxes)*

1 ☐ REMODELING OF FACILITIES 2 ☐ LEASING OF FACILITIES 3 ☐ ACQUISITION OF FACILITIES

4 ☐ CONSTRUCTION OF FACILITIES 5 ☐ ACQUISITION OF BUILT-IN EQUIPMENT

B. 1. TOTAL SQUARE FEET IN THE PROPOSED FACILITY	2. TOTAL SQUARE FEET IN THE FACILITY TO BE USED FOR TITLE III PROGRAMS	C. AMOUNT OF TITLE III FUNDS REQUESTED FOR FACILITY
		$

SECTION A – Continued

16. LIST THE NUMBER OF EACH CONGRESSIONAL DISTRICT SERVED	17A. TOTAL NUMBER OF COUNTIES SERVED	18. LATEST AVERAGE PER PUPIL ADA EXPENDITURE OF LOCAL EDUCATION AGENCIES SERVED
2	6	$ 864.10
	B. TOTAL NUMBER OF LEA'S SERVED: 84	
	C. TOTAL ESTIMATED POPULATION IN GEOGRAPHIC AREA SERVED: 158,400	

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C.	Application for Second Continuation Grant		7-1-71	6-30-72	$ 41,175.
D.	Total Title III Funds	Dissemination	7-1-72	6-30-73	$ 44,000.
E.	End of Budget Period Report		7-1-72	6-30-73	$ 172,109.

2. *Complete the following items only if this project includes construction, acquisition, remodeling, or leasing of facilities for which Title III funds are requested. Leave blank if not appropriate.*

A. *Type of function (Check applicable boxes)*

1 ☐ REMODELING OF FACILITIES 2 ☐ LEASING OF FACILITIES 3 ☐ ACQUISITION OF FACILITIES

4 ☐ CONSTRUCTION OF FACILITIES 5 ☐ ACQUISITION OF BUILT-IN EQUIPMENT

B. 1. TOTAL SQUARE FEET IN THE PROPOSED FACILITY	2. TOTAL SQUARE FEET IN THE FACILITY TO BE USED FOR TITLE III PROGRAMS	C. AMOUNT OF TITLE III FUNDS REQUESTED FOR FACILITY
		$

SECTION C. - PROJECT CLASSIFICATION

1. Project Subjects

1.1 ☐ - Language Arts (Development)

1.2 ☐ - Fine Arts

1.3 ☐ - Foreign Language

1.4 ☐ - Mathematics

1.5 ☐ - Science

1.6 ☐ - Social Science, Humanities

1.7 ☐ - P.E., Recreation, and Health

1.8 ☐ - Vocational Education

1.9 ☐ - Other

2. Handicapped Education

2.1 ☒ - Mentally Retarded P. E. S.

2.2 ☒ - Hard of Hearing P. E. S.

2.3 ☒ - Deaf P. E. S.

2.4 ☒ - Speech Impaired P. E. S.

2.5 ☒ - Visually Handicapped P. E. S.

2.6 ☒ - Seriously Emotionally Disturbed P. E. S.

2.7 ☒ - Crippled P. E. S.

2.8 ☒ - Other Health Impaired P. E. S.

3. Guidance, Counseling, and Testing

3.1 ☒ - Counseling with Handicapped E. S.

3.2 ☒ - Group Guidance Activities P. E. S.

3.3 ☒ - Group Counseling P. E. S.

3.4 ☒ - Career Guidance and Counseling S.

3.5 ☒ - Counseling with Special Problems P. E. S.

3.6 ☒ - Use of Paraprofessionals

3.7 ☒ - Parent Conferences P. E. S.

3.8 ☒ - Follow-up and Drop-out Studies P. E. S.

3.9 ☒ - Inservice Training P. E. S.

3.10 ☒ - Use of Community Resources P. E. S.

3.11 ☒ - Curriculum Development P. E. S.

3.12 ☒ - General Counseling P. E. S.

3.13 ☒ - Consultation with Teachers E. S.

3.14 ☒ - Program Evaluation and Development P. E. S.

4. Grade Levels

4.1 ☒ - Preschool (indicate ages 3 or 4) _____

4.2 ☒ - Elementary (indicate grades K-6) _____

4.3 ☒ - Secondary (indicate grades 7-12) _____

4.4 ☐ - Junior College (indicate grades 13-14) _____

4.5 ☒ - Adult

4.6 X - 18 months to 3 years

5. Is your project an adoption or adaptation of another Title III project? ☐ Yes

☒ No

If yes, name the agency operating the project: none

COVER PAGE

for Component II

Data for U. S. Office of Education

(To be completed for all projects active for any period between July 1972 - Through June 30, 1973. Agencies having more than one project must prepare a report for each project.)

Enter information for items 1 through 7.

1. 1307-1
Project No.

2. Service Center for Handicapped Children
Project Title

Shasta County Schools Office
Local Educational Agency

Room 105, Courthouse
Redding, CA 96001
Address

4. Ray Darby, Superintendent
Name of school official responsible for this report

916 243-2162
Phone No.

5. Dale E. Thorsted
Name of Project Director

916 246-2118
Phone No.

6. The 1972-73 school year has been .....

6.1 [ ] The first year of operation.

6.2 [ ] The second year of operation.

6.3 [ ] The third year of operation.

6.4 [x] The fourth year of operation (Dissemination).

7. Enter the following ending dates:

Ending date for first year 6-30-70

Ending date for second year 6-30-71

Ending date for third and final year 6-30-72

Ending note for fourth and final year 6-30-73

PART I - STAFF DEVELOPMENT

The report should describe project staff development activities that took place during the period July 1, 1972, through June 30, 1973. If no project staff development activities occurred, write NONE in the first column. Staff development activities are those inservice efforts designed to improve competencies of the staff working full or part-time on the project. Enter the figures in column two and three.

STAFF DEVELOPMENT ACTIVITIES OF ONE OR MORE DAYS DURATION 1972-73					
(1)	(2)	(3) No. of workshops, conferences and seminars held by type of training			
Definition of Staff: (Staff includes all personnel assigned to work on the project full or part time, whether paid by the district or the project.)	Total No. of participants (Unduplicated) in all activities.	Dissemination to spread information about project	Evaluation to appraise progress	Combination of dissemination & evaluation	Other, such as in-service education. Specify (Use back of this page.)
→	1,920	57 presentations	4	21	

PART II - EXTENT OF ADOPTION/ADAPTION

1972-1973

The purpose of this section is to find out how many projects are being continued to some extent by the grantee or by other school districts after federal funds have expired.

The report should be limited to projects for which federal funds expired during the period July 1, 1972 through June 30, 1973. If the grantee district expects to continue the project to some extent during the next fiscal year, this should be reported by marking the box. The estimated extent of adoption or adaption by the grantee district should be shown by circling the appropriate percentage figure in the scale.

1. The project is being continued by the grantee in some form after federal funds expired. [X] Yes [ ] No

2. If the answer is YES, draw a circle around the one figure which best represents your estimate of the degree of adoption/adaption of the project in your school district.

20% 30% 40% 50% 60% 70% 80% 90% (100%)

A EHA, Part B Project, Service to Rural Handicapped, Funded MH, EH, EMr and TMR classes.

3. Is the project being adopted or adapted by other school districts?

[X] Yes [ ] No

4. If the answer is YES, list the school districts by name and address:

4.1 Shasta County

4.2 Siskiyou County

4.3 Modoc County

4.4 Trinity County

4.5 Lassen County

4.6 Plumas County

4.7

4.8

4.9

4.10

4.11

4.12

4.13

4.14

4.15

4.16

4.17

4.18

4.19

4.20

Multi-discipline groups of professional are presently utilized by most of Shasta County Area schools for assessing individual student placement for special education and special programs.
Potential adopters/adaptors are just now beginning to show real interest. We have had some (57) participant/observers work through Task Force efforts this year with each as a potential adoptor. It is possible other Master Plan will mandate a multi-discipline team type effort after next year for screening learning disabled students. We are being observed by school administrators, agency directors, state department personnel, etc., as a possible future means of better diagnosing and meeting the needs of youngsters with learning problems.

Title III Areas of Influence*

As Project Director and/or after consultation with district or county personnel involved:

1. Name Dick Phillips Title Director, Pupil Personnel
2. Name John Malarkey Title Assistant Superintendent
3. Name Earl Sage Title Director, Pupil Personnel

Please rank the impact of this ESEA, Title III project on your local educational agency (LEA). Leave blank any items that do not apply and add other categories as desired. Rank items 1 to 7 (or more if you have made additions to the list). Give examples only on items ranked 1 and 2. Number 1 indicates that throughout the LEA the impact was greatest in developing skill areas or additudinal changes in:

Rank**		Examples
1	Special project development Needs assessment, goal setting, planning (writing), implementation, etc.	Use this space to give examples of items ranked 1 and 2. Assessing needs and creating reasonable goals for special education children and implementing special programs for handicapped. (Dissemination Packets) Behavior Analysis workshops gave teachers a new tool to help manage problem children in the regular classroom.
2	Staff training Resulting in added skills or attitudinal change	
3	Parental involvement in the schools Bringing parents into more direct contact with school activities	
5	Community involvement Instances of community participation other than parents	
7	Evaluation competencies and use of evaluation information	
4	Products developed Have the products developed by the project, i.e., Materials: curriculum guides, AV materials, etc. Methods: individualized instructions, use of aides, etc.: been put to use beyond project requirement? List under examples.	
6	Management and accounting procedures Have the project activities resulted in increased accountability in other learning situations? List under examples.	
	Other - Please explain	

* As a result of participation in ESEA, Title III endeavors

** Information derived will indicate areas of greatest impact - Number 1 most impact Number 7 (or more) least impact.

PART III - EXTENT OF PARTICIPATION

1972-1973

The purpose of this part of the report is to find out the actual direct or indirect participation of public and private school pupils and adults in the project during the 1972-73 operational period.

Any participation should be reported only once. The count should be based on actual participation during the 1972-73 school year. The numbers are almost certain to be different from those anticipated in the project application.

The United States Office of Education definitions should be applied:

Direct Participation - Enter the number of different persons participating in activities involving face-to-face interaction of pupils and teachers designed to produce learning, in a classroom, a center or mobile unit; or receiving other special services.

Indirect Participation - Enter the number of different persons visiting or viewing exhibits, demonstrations, museum displays; using materials or equipment developed or purchased by the project; attending performances of plays, symphonies, etc.; viewing television instruction in a school, a center, or home; or participating in other similar activities. Carefully prepared estimates are acceptable.

Elementary - For reporting purposes only, consider elementary as being Prekindergarten through Grade 6.

Secondary - For reporting purposes only, consider secondary as being Grades 7 through 12.

Please supply the information requested for the project.

Table A

Number of Public and Nonpublic School Teachers, and Counselors Participating

Schools (a)	Staff whose students were direct participants				Staff whose students were indirect participants			
	Teachers		Counselors		Teachers		Counselors	
	Elementary (b)	Secondary (c)	Elementary (d)	Secondary (e)	Elementary (f)	Secondary (g)	Elementary (h)	Secondary (i)
Public	590	98	5	17	4,100	931	8	30
Nonpublic								

PART III (Continued)

The totals in the following 4 tables must agree one with the other. Also, do not use duplicated figures in the first 4 tables. The target population must be represented by the figures when direct participants are reported. See definitions for direct and indirect in Part III.

Table I

a. Program Select the program of your project. Use "other" category if none apply.	b. Check (✓) program area(s) covered	c. No. of public school students directly participating	d. Amount granted this past year
Reading			
Environment/Ecology			
Equal Educational Opportunity			
Model Cities (Urban, Inner-City)			
Gifted			
Handicapped	X	7,000	
Guidance and Counseling	X	1,202	
Drug Education			
Early Childhood Education (Kindergarten and below)	X	200	
Other Programs Child Development	X	200	
	Total	8,602	44,000.

Table II

Provide unduplicated counts of students by grade levels. See instructions below:

	71-72 a. School Enrollment		72-73 b. Direct Project Participants		c. Indirect Project Participants		d.	e.
	Public	Nonpublic	Public	Nonpublic	Public	Nonpublic		
Pre K			734					
K	1,345		734					
1	1,390		1,060					
2	1,483		614					
3	1,553		978					
4	1,566		815					
5	1,671		570					
6	1,685		1,141		10,000		391	3,500
7	1,766		489					
8	1,689		326					
9	1,730		326					
10	1,767		244					
11	1,634		163					
12	1,453		0					
Ungraded	702		408					
TOTALS	21,434		8,602					

Column a. Include the total enrollment in the local educational agency.
Column b. Include only the target population.
Column b. & c. See definitions of direct and indirect for both columns.
Column d. Include an estimate of the number of target population students who have been in the project since its inception. A cumulative total of all years is requested. Provide an unduplicated count; therefore, do not count any student more than once.
Column e. Include an estimate of the number of students within the local educational agency who have not been directly serviced by the project, but would benefit from direct participation because they fit the description of the target population.

Table III

Rural/Urban Distribution of Public School, Direct Participants Served by Project - Enter Number of Each Category. See definitions at bottom of page.

Rural		Metropolitan			Total of all Categories
Farm	Non Farm	Low Socio-Economic	Other	Other Urban	
8,602	---	---	---	---	8,602

Table IV

Distribution of Public School, Direct Participants by Project - Enter Number of Each Group.

Negro	American Indian	Spanish Surname	Oriental	White	Other Nonwhite	Total of all groups
15	300	100	0	8,187	0	8,602

Recap of Totals for Tables I, II, III and IV.

Total of Column c., Table I	8,602
Total of Column b. (Public School), Table II	8,602
Total of All Categories, Table III	8,602
Total of All Groups, Table IV	8,602

The totals on each line above should agree one with the other.

Definitions:

Rural means an outlying area of less than 2,500 inhabitants.
Low socio-economic means an area of low socio-economic level within a city of 50,000 inhabitants or more.
Other means areas in cities of 50,000 or more inhabitants which are other than low socio-economic areas.
Other Urban means areas (including suburbs) with less than 50,000 but more than 2,500 inhabitants.

Table V

Provide Number of Schools in the Project.

	Public	Nonpublic
Elementary	40	
Secondary	127	

Table VI

Number of Students Served Directly by Unique Target Populations (Figures may be duplicated)

Students (a)	Indians (b)	Migrants (c)	Disadvantaged (d)	Handicapped (e)	Childhood Education (Kgtn.& Below) (f)	Other Target Populations (See note below) (g)
Number of Students	300	100	1,000	8,602	500	

Note for Column (g) check populations included in the number entered above.

_____ Children from non-English speaking environment.

_____ Neglected and delinquent children.

_____ Gifted _____N.H. _____EMR _____Dropouts

_____ Other (specify)_____

PART IV - STAFF PARTICIPATION/HIGHER EDUCATION COOPERATION

Table VII

Complete the table below as directed. Compute full time equivalent (F.T.E.) according to the instructions under the table.

Paid staff are district personnel who receive remuneration from Title III funds.
Unpaid staff are district personnel who do not receive renumeration from Title III funds but give service to the project.
Ungraded classes are included in Other category.

Type of Paid and Unpaid Personnel By Function	Number of Paid Staff Assigned to Project (F.T.E.)	Number of Unpaid Staff Assigned to Project (F.T.E.)
Administrators and/or supervisors	2.0	
Teachers		
Prekindergarten		
Kindergarten		.30
Other elementary 1-6		2.00
Secondary 7-12		1.00
Other		
Subject matter specialists		
Technicians		
Pupil personnel workers	1.0	
Health services personnel	1.0	.86
Researchers and evaluators		.03
Planners and developers		.01
Disseminators		1.
Other professionals	.63	.31
Paraprofessional education aides, etc.		
Other nonprofessional		

To compute full-time equivalent (F.T.E.), add the total number of hours worked per week by the personnel and divide by the number of hours in your regular full-time work week. For example: If each of four staff members works 20 hours per week, each of two staff members works ten hours per week, and each of ten staff members works full time (assume 40 hours for this example), the total hours worked would be 80 plus 20 plus 400, or 500 hours. This total of 500 hours divided by 40 yields an F.T.E. figure of 12.5.

Table VIII

Complete as directed.

Number of consultants paid by Title III funds 50
Number of consultant days paid for by Title III funds 456

Table IX

Complete as directed for the 1972-73 term.

Number of public school professional staff who attended Title III Inservice:

		Estimate Carefully Title III Funds Spent on Training
Orientation sessions up to one week's duration		$
Inservice workshops in regular term of one session to four-weeks' duration		$
Inservice workshops in regular term over four-weeks' duration		$
Inservice workshops in summer 1972 one session to four-weeks' duration		$
Inservice workshops in summer 1972 over four-weeks' duration		$
College credit courses - regular term	4	$ 1,600.
College credit courses - summer term		$
College Credit Course - workshops		

Number of aides (nonprofessional staff) who attended Title III Inservice:

Inservice workshops in regular term of one session to four-weeks' duration	25	$ 500.
Inservice workshops in regular term over four-weeks' duration		$
Inservice workshops in summer 1972 one session to four-weeks' duration		$
Inservice workshops in summer 1972 over four-weeks' duration		$
College credit courses - regular term		$
College credit courses - summer term		$

Table X

Complete as directed.

Number of nonpublic school professional staff involved in Title III inservice in the 1972-73 term 30.

Table XI

Enter number of teachers, aides, and students involved in a Title III, 1972, summer school designed to provide instruction to students.

Grades	Pre K	K	1	2	3	4	5	6	7	8	9	10	11	12
Teachers														
Aides														
Students														

You and/or members of your Project staff may have worked with higher education personnel during the 1972-73 project year (last year). We are interested in the type (formal and informal), and the extent (cost and hours) of any cooperation. Formal participation refers to services performed with remuneration. Informal participation refers to help without remuneration. Please estimate the cost and number of man-days associated with each of the following:

(a) Identifying and/or developing desirable content or educational procedures to be used (program development).
(1) $ 800 cost; (2) number of man-days: 3 formal and 5 informal

(b) Search for evaluation help, i.e., for instruments or procedures to be used for evaluation.
(1) $ 1,000 cost; (2) number of man-days: 3 formal and 7 informal

(c) Planning and/or implementing staff development programs (inservice training for project staff).
(1) $ 600 cost; (2) number of man-days: 4 formal and 2 informal

(d) Please indicate any other participation.

_____

_____

(1) $_____ cost; (2) number of man-days: _____ formal and ____ informal

HANDICAPPED PROJECT PARTICIPATION ONLY – ESEA TITLE III

1. HANDICAPPED CHILDREN SERVED, PERSONNEL PAID, AND IN-SERVICE TRAINING RECEIVED WITH ESEA TITLE III FUNDS

TYPE OF HANDICAPPED CHILDREN SERVED *	NUMBER OF CHILDREN SERVED					FULL-TIME EQUIVALENCE OF PROJECT PERSONNEL PAID WITH TITLE III FUNDS				PERSONNEL RECEIVING IN-SERVICE TRAINING WITH TITLE III FUNDS			
	3-5 YEARS	6-12 YEARS	13-19 YEARS	19 & OVER	TOTAL	TEACHERS	TEACHER AIDES	OTHER	TOTAL	TEACHERS	TEACHER AIDES	OTHER	TOTAL
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
(1) TMR	12	19	10	1	42	.04		.02	.06	1.0			4
(2) EMR	30	54	36	4	24	.12		.06	.18	4.0			16
(3) HH		2			27					.05			2
(4) DEAF		2	2		4	.02		.01	.03	.05			2
(5) SI		301			301	.02		.01	.03	1.0			4
(6) VI													
(7) ED													
(8) CR													
(9) LD						.02		.01	.03				
(10) OHI	4	13	12	1									
(11) TOTAL	46	416	60	6	528								28

2. NUMBER OF HANDICAPPED CHILDREN SERVED WHO ATTEND NON-PUBLIC SCHOOLS

3. DISTRIBUTION BY ETHNIC GROUPS

POPULATION	NEGRO	INDIAN	ORIENTAL	SPANISH SURNAME	WHITE (Other than Spanish surname)	OTHER	TOTAL
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Student Participants	8	71	0	165	1316		1460

4. CHILDREN RECEIVING SERVICES – DISTRIBUTION BY DEMOGRAPHIC AREA

CATEGORY	NUMBER
(1) Urban Areas (over 50,000)	
(2) Rural Areas (under 2,500)	1,460
(3) Other Demographic Areas (from 2,500-50,000)	
(4) TOTAL (Sum of lines (1), (2), and (3))	

INSTRUCTIONS

1. **CHILDREN SERVED** – Enter in the appropriate columns b, c, d, and e an unduplicated count of children served by type of primary handicap *(in public and non-public schools)* and by age group who received direct instructional or related services with Title III funds. This count should include all handicapped children *(1)* who received direct services from personnel paid with Title III funds and/or *(2)* who received substantial benefit as a result of the purchase or projects equipment or the provision of significant in-service training of personnel with Title III funds. Do not include handicapped children who received only incidental services, such as preliminary vision screening or audiological testing, etc. Column f should equal columns b, c, d, and e.

   PROJECT PERSONNEL – Enter in the appropriate columns g, h, and i corresponding with the primary type of handicapped children served a figure representing an unduplicated count of the full-time personnel plus the full-time equivalency of part-time personnel paid from Title III funds. Full-time personnel are those personnel who were assigned to Title III project activities 40 hours or more per week *for the number of hours in a regular work week, as determined by the State or local education agency).* They may be school year, summer program, or 12-month personnel. Column j should equal columns g, h, and i.

   IN-SERVICE TRAINING – Enter in the appropriate columns k, l, and m corresponding with primary type of handicapped children served an unduplicated count of all personnel who receive in-service training with Title III funds. Column n should equal columns k, l, and m.

2. **NON-PUBLIC SCHOOLS** – Of the total number of handicapped children served with Title III funds *(1,(1)), (f)*, indicate the number who attended non-public schools.

3. **DISTRIBUTION BY ETHNIC GROUPS** – Enter in the appropriate columns b, c, d, e, f, and g an unduplicated count of the handicapped children served with Title III funds by ethnic group membership. Column h should equal columns b, c, d, e, f, and g.

4. **DISTRIBUTION BY DEMOGRAPHIC AREAS** – Self-explanatory.

* TMR = Trainable Mentally Retarded, EMR = Educable Mentally Retarded, HH = Hard of Hearing, SI = Speech Impaired, VI = Visually Impaired, ED = Emotionally Disturbed, CR = Crippled, LD = Learning Disabled, OHI = Other Health Impaired

PART V - ABSTRACT

GRANTEE: Shasta County Superintendent of Schools

PROJECT ABSTRACTS (ESEA, Title III)	STATE	TOTAL PROJECT PERIOD	FROM (Month and year)	TO (Month and year)	PROJECT NO.
	Calif.		7-1-69	6-30-73	1307-1

NOTE: If project involves handicapped children and/or personnel working with handicapped children who are paid from Title III funds, complete the information on the back of this form.

TITLE OF PROJECT: Service Center for Handicapped Children

GRANTEE: Shasta County Superintendent of Schools

PROJECTED FUNDING LEVEL FOR PROJECT PERIOD	19 69-70	19 70-71	19 71-72	19 72-73	19	19
	$45,759	$41,175	$41,175	$44,000	$	$

TARGET POPULATION: 5,831

PARAGRAPH DESCRIPTION

We have attempted to create from existing sources a needs assessment instrument by using consultants, community people, agencies, and school personnel, for finding the handicapped within a target area. These youngsters when found are screened, then we bring in a task force of speicalist personnel who will do a indept study of each youngster selected that includes social history, physical, dental, eye, ear, speech and psychological. These results will then be studied by our consultants and during staffing, which is done in concert with the teacher in the area, we examined the types of handicapped found and with the teacher, examine their resources within the area for meeting the particular needs of the handicapped child. Workshops are then constructed in behavior analysis and modification that will make the fullest meaning of the examination findings of the Task Force for each individual teacher.

MAJOR OBJECTIVES

To identify, diagnose, and prescribe treatment for handicapped children with unmet needs; accompanied and supported by needs assessment teams and advisory groups, teacher and parent workshops in behavior analysis and modification; and school district program development.

ACTIVITIES TO ACHIEVE OBJECTIVES

Activites will include: (a) Implementation of needs assessment by concerned community people in selected project areas; (b) Selection of a specific number of the most critically handicapped children; (c) Scheduling a Task Force of specialized personnel to diagnose and prescribe treatment for the handicapped children selected; (d) Holding workshops for parents and teachers of handicapped children, and (e) Assisting for handicapped fundable programs discovered within their areas of responsibility.

EVALUATION STRATEGY

A monitoring and revising system examined for each fase of project made, analysis and area constraints for project personnel. 1 Needs assessment-school-agency and parent, or concerned adult group. 2. Referral retreiving procedure-prescreening case selection press. 3. Task Force venture and feedback staffing efficiency. 4. Report of recommendation on each selected handicapped child. (a) Individualized package instruction with behavioral objectives. (b) Behavioral analysis workshop for involved teachers to gain skills in class management. (c) Implement agency, school and concerned parents program to involve public health, Crippled Children Services, and school nurse to seek medically recommended follow-up.

EVALUATION FINDINGS

1. Needs assessment--function carried out by concerned community people as an on-going function for preschoolers-after Task Force clinic and feedback staffing many new referrals
2. Task Force clinic system grasps the most significant handicaps and recommend all pertinent follow-up testing needed. Staffing feedback extremely valuable to teachers and understanding of students. All follow-up is reported to center office as completed with results to be disseminated to concerned school/agency and parents.
3. Workshop extremely valuable to teachers and parents as skills are developed for managing the problem student allowing for an optimum learning environment for class.
4. Children receive appropriate and needed medical/educational service.

PART VI - PRODUCTS OF PROJECT

	I Product(s) Developed	II Date mailed to Title III	III Annotations
X	Curriculum guides	As produced during the year	
X	Teacher guides		
X	Handbooks of materials, techniques, and procedures		
	Monograph		
X	Bibliography		
X	Questionnaires - locally developed	"	
X	Evaluation tests	"	
X	Audio tape cassettes		
X	Brochures, newsletters and information sheets	"	
	16 mm Films		
X	8 mm Films		
X	Filmstrips		
X	Instructional workbooks, materials,	"	
	Tests - locally developed		
X	Kits		
X	Models	"	
	Microcards		
	Microfilm		
X	Maps		
X	Pictures	"	
X	Posters		
X	Records		
	Set		
X	Slides/tape		
	Viewmasters		
X	Video Tape		
X	(Other) Audio-Slide Tape presentation	"	

CONTEXT

The Locale

1. What is the locale of the program?
2. What is the density of the population?
3. What are the population trends?
4. What are the major occupations of people in the locale?
5. What is the unemployment rate or trend?
6. What proportion of families in the locale are receiving welfare assistance?

Shasta County, the local educational agency for this project includes the northern most portion of the Sacramento Valley, and the most heavily populated section of our total subdivision of five counties. This section, due to larger schools and greater resources, does provide excellent programs for their handicapped, however, this constitutes only a small fraction of our vast isolated, rural, and mountainous subdivision. Even this more populated section has economic and social problems that make expanded programs for handicapped difficult, such as an average unemployment rate of from 7% to about 19% during the year, with over 16% of the valley area population forced to exist with public assistance. The Anderson, Cottonwood, Redding area just described constitues only 200 square miles with a population of 44,000. The total six counties subdivision consists of 24,452 square miles, with a population of 157,776. Our project thrust has been in this more remote, rural, isolated, and mountainous regions of this section of Northern California . Additional constraints are as follows: A general negativism that makes even the very poor reluctant to receive or participate in assistance programs; school officials are reluctant to experiment even with proven programs when the funding possibilities would more than pay for the program such as E.M., E.M.R., T.M.R., and M.H programs, this after a needs assessment finds the required number of handicapped children; the isolation and lack of sophistication makes knowledge about new programs an unknown entity and past experience with either unsuccessful intervening programs, or with successful programs terminating just as they were bearing fruit, has caused the prime movers in some areas to be very statis quo minded. Our target areas within this subdivision has a land ownership ration of about 90% Federal to 10% private ownership, making the tax burden upon the private section extreme. This, with the very sparse population average of 4 persons per square mile makes any innovative program suspect even though, we feel essential for any positive progress in the area.

From my calculation, the greatest area export from this subdivision are their young people who, after graduation from high school leave for more populated regions and better job opportunities. These young people are usually replaced by older, near retirement age, immigrants, who contribute very little to the creative and enthusiastic endeavors within the area. Population of the subdivision is about stable due to this described process with a really fantastic potential for recreation being slighted and in some cases discrouaged, because of the general reluctance for change and dislike for a greater population, due to lack of planning and preparation.

For handicapped children two factors are indigenous for this area: one that due to lack of services, parents of handicapped children leave the area. Two that some familes due to lack of sophistication and knowledge about handicapped children come to loose themselves and their handicapped children, making service to them very difficult.

The major occupations for subdivision and the more remote and isolated target populates is related to agriculture, lumbering, ranching, mill work, some mining and the rest support services for these kinds of endeavors. Climatic conditions make many bread winners work only part of the year; receiving good salary while they work, but subsidizing on unemployment insurance, or spare jobs during the winter or space periods. Many receive less than average income for the State of California $7,751. versus 4,100; however, due to the naiveity of this population, they are reluctant to apply for aid during their off periods. This has created many problems for their children and themselves as many would be eligible for medical services and other benefits due low income people, but this group is not eligible, as they will not become a part of any welfare program. The types of employment most of these people pursue is a lost cause, in spent types of agriculture endeavor--they are types of jobs that are being eliminated by automation and in which little hope for future growth can be expected. All this is part of the reason for their children leaving at the first opportunity. Logging, mill work, ranching and related endeavors are like mining, lost causes until and unless new procedures and new undiscovered resources are developed, and the future looks bleak for either of these eventualities. The proportion of families in our target areas of the subdivision that are recorded as receiving welfare assistance is 14%, while the actual percentage eligible due to income is 28%.

The School System

1. What grade levels do the schools serve?
2. How many pupils are there in the school system? How many schools?
3. Are there any significant trends in the school system in enrollment, withdrawal, or transfer?
4. What is the per pupil cost of education in the school system?
5. What is the recent financial history of the school system?

Most of the school districts in our target areas provide an adequate program from first through twelth grades. They have few innovative and unique type programs, but a few reading and even some new programs for handicapped are insidiously making a place for themselves. Also, an influx of new teachers from other sections of the state are seeking employment here at substantial losses to themselves in salary and available community resources, thus enhancing these rural and isolated areas.

Other than a few Economic Opportunity Program funded Head Start Classes, that have an inadequate preschool education background, no kindergarten programs exist in this area and no funded preschool programs exist in the more remote, mountainous, and isolated areas. We have many of the problems of agricultural areas of the central valley. We have a highly mobil population, some non-English speaking groups and like the valley, an unstable school population for parts of the school year.

The average cost of education per student in the subdivision averages $800. The most recent financial history of our school systems is disasterous, with many worthwhile programs being dropped and good teachers being released due to lack of funds. This allows for keeping older and more established teachers with tenure and an older school philosphy or orientation, at a cost to their total educationnal program that is difficult to calculate.

In a few instances, the funding of a special class for handicapped in a school is used as a vehicle for gaining additional monies for the total educational program. This may help the total program a little, but the handicapped child is left without a genuine program, or is participating in a "watered down" program that will benefit him little.

The subdivision student population is 40,424 with 1,861 students in special classes. This indicates that 4% are receiving service, part of which is adequate. The EHA, Part B Program this coming year will be monitoring and supporting change in some of these classes as well as help get other special classes funded.

Needs Assessment

1. What was the starting point for needs assessment?
2. How were the specific needs of the pupils identified?
3. What were these specific needs? Which were selected for the program?

The starting point for our needs assessment is an indepth study of all the existing programs for the handicapped within a target area and with an assessment of their D1 and D2 Forms. We will then compare this with a statistical model developed by the U. S. Office of Education which indicates that 10.8% of all students should be handicapped. This model with subdivision counterparts is accompaning these pages. At this time, we examine the areas of greatest discrepancy and develop strategies for a more indepth examination of these discrepancies.

In preparation for our main thrust (needs assessment survey), we develop a group of concerned parents of known handicapped children to initiate a preschool survey. At the same time, solicit support from all agencies that have responsibilities for children, such as Crippled Children, Public Health, Probation, Welfare, Regional Center for the Mentally Retarded, and schools. The concerned membership of these agencies and schools form an Advisory Council for this project in their target area, and all support the effort to find potential handicapped preschoolers.

Our team assigned to the target area works with school officials and teachers to identify their most critical educational problems. This team prescreens all of the referrals. Project personnel then screen and select the fifteen most critical children from the preschoolers and students for our task force clinic. Parent cooperation and information release forms are then obtained before our task force clinic. Our psychiatric social workers interview each parent of the selected student and preschoolers the day before the clinic in order to have a social history to present to all our consultants at the orientation meeting that evening.

Our task force consists of the psychiatric social workers, team and private psychologists, two pediatricians, a pedodontist, an optometrist, speech and hearing specialists, and a special education consultant, who coordinates the staffing for the benefits of the involved and concerned teachers later in the school day.

The parent group usually arranges and coordinates for the task force effort in their particular area. This is usually housed in a church, or facility that meets the physical needs of our consultants, and is large enough to allow for parents to accompany their children. We encourage both parents to accompany their children during their examination in order for the consultant to give them the rundown on their findings. During the morning all the parents of selected children are gathered together where all the project ramifications are explained, such as, how we utilize all the concerned agencies in their community to help them and their children. If the need presents itself, a child development class will be taught in their community, providing they can keep up the attendance. This class would help all parents and teachers acquire skills in working with children. At the conclusion of our clinic, the task force members have lunch, and an opportunity to discuss case findings to see if all are headed in the same direction for ramifications for our staffing with teachers. The staffing transpires during the afternoon of a minimum day for the teaching staff. We encourage all teachers to attend, but require only those whose referrals we selected to examine. In order to give the group a rundown concerning

his, or her referrals. Each consultant gives a resume of his findings concerning a child. After the discussion on test results and etc. is concluded, the staffing chairman summarizes the findings, recommendations, and possible optimum solutions due to resources available to the district. A member of the area Advisory Council, either professional agency person, a special educator, or a Public Health Nurse, will be specifically chosen to follow-up with special help for the child. If an agency is responsible for assistance to the specific type handicap, this selected responsible adult will see all concerned officials and ensure that adequate follow-up takes place for his chosen handicapped child. In this way, a responsible adult could be either supportive to the parent, or accept the responsibility for getting the agencies and school officials to provide the recommended service.

A complete report is then completed with the summation by each consultant, the handicaps, or needs identified, and all recommendations for each handicapped child. This is completed and returned to the school district and to the concerned agencies and professional medical personnel in the area within 30 days. This report indicates each child examined only by a number to guard the confidentiality of this child; and a key with the names and numbers is given only to qualified professional personnel involved, or concerned personnel with the project.

From these findings past experience has taught us that a good behavior analysis type workshop is in order. The teachers who attend the staffing and the parents of selected handicapped children form the nuculus of this class, but the workshop is open to all teachers and parents, and is conducted by project personnel. A behavior analysis and modification type class "Living With children", is also conducted in the area by project personnel, or from qualified teachers from the local school district sponsored through the local junior college. The parents and teacher must keep an attendance rate up to provide more students than is required for the commitment.

Historical Background

1. Did the program exist prior to the time period covered in the present report?
2. Is the program a modification of a previously existing program?
3. How did the program originate?
4. If special problems were encountered in gaining acceptance of the program by parents and the community, how were these solved so that the program could be introduced?
5. Provide a brief history of planning. Indicate which planning efforts were successful or were not successful. Describe how non-profit private schools and other agencies were involved in the planning.

This program did not exist before this present thrust of the last two years. The first year of this project Service Center for Handicapped Children, was utilized in assessing existing programs in the Redding area and providing a specific service where other agencies were not involved to the discovered handicapped children. The program was to have been terminated at the end of that first year because of a difficulty in corresponding to the original intent (to provide a regional type program that utilized the resources of any target area to create programs that meet the critical needs of their identified handicapped).

The present director assumed control in October of the second project year. With the extremely valuable help of some ten State Department of Education consultants, the former director, concerned agency people, and school officials of our three counties we developed a model using (1) psychiatric social workers for a social (history of the students home and related factors), (2) psychologists (for studying the potential mental abilities), (3) a pediatrician (for an over all physical screening for at least gross physical handicaps), (4) a dentist (because many of the areas covered by the project did not have a dentist in the local area, and we believe that dental factors could have heavy bearing on the health and welfare of the child and his achievement in school), (5) an opthalmologist (to check all aspects of vision for the visual handicapped) (6) a speech and hearing specialist.

We conducted our first Task Force in the Burney, California area, Shasta County, in the fall of 1971, and staffed the results with the school administrator, a psychologist, school nurse, and two teachers present. The results of the staffing were expressed by the school personnel as successful. It was stated that the additional faculty should have been present by the staff (school) present.

Our second venture was at Hayfork, California, in Trinity County, and different from the previous one, in that we expanded our consultant staff to provide a more clinical atmosphere, and provide service for a greater number of students, as well as utilizing a local doctor and two public health nurses to involve other agencies in the task force. We tested for a day and a half, finalized our reports and held a staffing session (minimum day) with all the teachers in the district. The expressed response of these teachers was they believed this to be an excellent experience, vitally needed as all teachers have problem children and should have emphathy and awareness to the problem children.

Our third Task Force was held in Etna (Scott Valley) and Yreka, California, in Siskiyou County where we further perfected our model to examine children in the morning and staffing in the afternoon and evening (minimum day). The experience was like our two previous ventures; very gratifying as the enclosed

letter of support shows. The interest and cooperation from the school administrators was excellent in each of these ventures. We first developed a concerned group of parents of identified handicapped children in the target area to implement a needs assessment survey for preschool handicapped children. The parent group coordinated the local effort for the Task Force when we visited the area and continued with support for follow-up with the handicapped children identified.

Our strategy for involving concerned agency people on our Task Force has been successful, as our psychiatric social worker from Community Services Division, and the county Short-Doyle Mental Health Services have opened in Shasta County some eleven cases and reopened twenty-one older ones because of the sorted social histories they developed. Our Task Force pediatrician from the Far Northern Regional Center for the Mentally Retarded has had many potential retarded youngsters referred to his agency for further evaluation and follow-up. Our use of Public Health Nurses has opened up many avenues for their continued service to our rural, remote, isolated and mountainous communities where little, or no service existed before the need for service was unknown.

This past year of dissemination and further development has caused refinement and created many new strategies for providing service. We have discovered that our particular strategy of multi-discipline professional team action is unique, in that they work with the teachers to help formulate what must be done for the student on the spot.

THE NATIONAL FOUNDATION—
MARCH OF DIMES

RECEIVED

MAY 29 1973

TITLE III VI

To: Dale

From: me

Date:

Re:

Hi;

Our Board allocated $1200 for your project for next year (June to June) for you to use as follow-up money.

How do you want to do it? Should we give Shasta County Schools the check? Please advise.

We have a wild idea! We are going to try to buy the GSA mobile unit in L.A. used for multi-phastic testing. We will "loan" it to you for your sessions, the Indian clinics for diabetes testing, the blacks for sickle cell testing and then try to work out a v.d. and Rh testing service for all high schools. Wild huh!? Homer's idea ofcourse.

How's all going?

We have a dinner meet on June 2 at 6:00 p.m. in Chico at Miemshew if you can make it. Hope to see you there.

ETNA UNION SCHOOL DISTRICT

P. O. BOX 456
ETNA, CALIFORNIA 96027

BOARD OF TRUSTEES
HARRY HANNA, PRESIDENT
FAYE WRIGHT, CLERK
MILDRED HUGHES, MEMBER
GEORGE THACKERAY, MEMBER
DAVID BLACK, MEMBER

May 27, 1971

FREDERICK BENNETT
PRINCIPAL
AND SUPERINTENDENT
PHONE
916 - 467-3320

Dale Thorsted, Director
Service Center for Handicapped Children
1372 West Street
Redding, California

Dear Mr. Thorsted:

At a regular meeting of the Board of Trustees of this school district, it was unanimously approved to commend you and your task force for the psychological testing and evaluation of fourteen children designated by the school staff as needing assistance in adjusting to the learning process.

The quality and efficiency resulting from the use of personnel skilled in the various desciplines was able to accomplish in one day what normally would have been a three to four year effort. Your follow-up in October further enhances this fine service.

We extend our warm welcome for a continuation of this effort and gladly extend to you our permission to use this letter in any way you see fit; so that other children will benefit to the same extent as ours.

Very Truly Yours,
Faye Wright
Faye Wright, Clerk
Board of Trustees
Etna Union School District

FW:bjb

FORT JONES UNION ELEMENTARY SCHOOL
FORT JONES, CALIFORNIA

RECEIVED
MAR 12 1973
TITLE III / VI

March 9, 1973

Mr. Dale Thorsted, Director
Task Force
Service Center for Handicapped Children
1372 West Street
Redding, California 96001

Dear Mr. Thorsted,

This is a letter of commendation on behalf of the children, parents and teachers for the work your task force is doing in Scott Valley.

We have received the reports to the school. They are proving helpful in understanding some of the problems of our students.

We are looking forward to the follow up proceedures that make this task force so unique and helpful to the children, the school and the community.

It is hoped that this approach can be expanded and continued so that more of our young can be helped to become good citizens through the understanding of their phychological and physical problems.

Thanks again for your unestimatable help.

Respectfully,

Roy Crocker

Roy Crocker, Principal

Plumas Unified School District
Quincy Elementary School

WENDELL GUESS, *Principal*

P. O. Box 180
QUINCY, CALIFORNIA
TELEPHONE (916) 283-2645

March 20, 1973

Service Center for Handicapped Children
Redding, California

Dear Mr. Thorsted:

Please express my appreciation and gratitude to the entire staff of the recent Task Force held in Quincy for the professional proficiency with which it was conducted.

I have had enthusiastic and grateful feedback from principals, teachers and parents of the students involved--we all hope this can be made an annual event.

My particular thanks go to Jean Clark and Glynn Gregory for their patience and perseverance in the face of my somewhat lukewarm reception and pessimism of the project...my humble pie is made quite palatable by my enthusiasm of the results of the clinic.

Also, please extend my sincere thanks to Dr. George Jones for the privilege of working with him. It was a delightful and enlightening pleasure to participate in his examination of the children.

Sincerely,

Helen S. Dean

Helen S. Dean RN
School Nurse
Quincy, California

PROGRAM

Scope of the Program

1. What numbers and kinds of participants were served by the program?
2. What were the specified objectives of the program?

To identify, diagnose and prescribe treatment for handicapped children in our subdivision who have unmet needs.

The subdivision has 40,424 students, with 1,861 in special classes. This represents 4% of the total potential handicapped population.

This past year from a total student population of 5,831 children, 1,661 children and preschool referrals were prescreened with 106 examined by our multi-discipline Task Force. The results of these examinations accompany this report in the appendix for details.

In summary:

Total student population		5,831
Total students prescreened		1,661
Total students examined by clinic		106
Number of Physical/Medical problems	(51%)	237
Number of Social/Behavioral problems	(31%)	145
Number of Cognitive/Educational problems	(18%)	106
Total Conditions		468

SPECIAL EDUCATION

	Shasta	Lassen	Modoc	Plumas	Siskiyou	Trinity	Total	Pot. Handicap for Sub
MR	278	68	11	33	44	32	466	986
Vision	10	1			2	1	14	43
Auditory	19				10	3	32	257
Speech	639	23	88		93	12	855	1,500
Chron. Ill.	42	1	2	9	6	2	62	642
EH	260	62	8	30	53	19	432	857
Total	1,248	155	109	72	208	69	1,861	4,285
Total Student Population	21,202	4,105	2,126	2,889	8,096	2,006	40,424	
Handicapped % Served	5.94	3.77	5.13	2.49	2.57	3.44	4.60	
Handicapped Potential	2,247	435	225	306	858	214	4,285	4,285
Potential Stud. Pop. not served	999	280	116	234	650	145	2,424	
Potential Percent not served	.44	.64	.52	.68	.51	.67	.57	

X Potential based upon statistical model developed by the Office of Education, Washington, D.C.
10.6% of total school population is handicapped.

% Breakdown as follows:

MR	-	TMR	2	EMR	21(23)%	Chronically Ill	-	(15)	Total 100 of 1,000
Auditory	-	Deaf	1	Hard of Hearing	5(6)	EH	-	(20)	students
Vision					(1)				
Speech					(35)				

100 of 1,000 students are potentially handicapped in the above classification=10%

Personnel

1. What kinds and numbers of personnel were added by the program?
2. What were their most important duties and activities?
3. How much time did each type of personnel devote to these responsibilities?
4. What special qualifications suited personnel to the requirements of their jobs?
5. What special problems were dealt with in recruiting or maintaining staff?

The director, associate director, project psychologist and project nurse are the only paid professional persons that is full-time. For our Task Force ventures, or clinic, I have obtained the following consultants at different times:

4 Pediatricians
3 Dentists
5 Psychiatric Social Workers
4 Speech and Hearing Specialists
11 School Psychologists
1 Physical Therapist
7 School Nurses
7 Public Health Nurses
3 Special Education Consultnats
2 Ophthalmologists
2 Neurologists

Sometimes the specific personnel needs are impossible to obtain in our area and other arrangements had to be made for the transportation of the children by either parents, school nurse, or agency personnel to receive the appropriate treatment felt necessary.

Each consultant examines indepth the selected handicapped children, making recommendations for further laboratory work if required, and giving a summation of findings to other consultants, and teachers in our feedback staffing session.

Each of the above named consultants completed at least four, 1½ day Task Force ventures. There were a total of six Task Force ventures in the 1972-73 school year.

Special qualifications were required of all personnel. All were professionals, liked children and enjoyed the "give and take" of our multi-discipline team effort for children.

Organizational Details

1. What is the period of time covered by your report?
2. How much of the entire program does this cover?
3. Where were program activities located?
4. What special physical arrangements were used in these locations?
5. What provisions, if any, were made for periodic review of the program?
6. What important decisions were made on the basis of such reviews?
7. What provisions, if any, were made for inservice training?

The period of time covered by this report is July 1, 1972 through June 31, 1973. The present director took over this project in October of 1970, therefore, had a minimal amount of time for project development. This is the reason that many changes occurred during this past dissemination year in the creation of a model suitable for dissemination.

We produce a list of all potential areas to be served. We then obtained commitment from local agency, school personnel and concerned community people for a needs assessment study of all the handicapped needs in each area. These preschool and school needs are compared with a statistical model and if a need warrants and all other conditions are met, we begin work with our project personnel at prescreening all children referred.

The community group of concerned parents and teachers assist project personnel with the final selection of children to receive a full multi-discipline evaluation, usually the fifteen children with the most critical need with final choice left to the local group. Our Task Force effort usually begins the day before the clinic, as our psychiatric social workers are in the community and are developing the social histories from interview with the selected referrals parents. These up-to-date social reports are given to the entire Task Force the evening before our clinic, along with data on premedical and school performance on each child. The orientation meetings is held the evening before the clinic. It prepares each consultant with the relevant data for his evaluation during the clinic. The clinic begins at 8:00 a.m. sharp with a polaroid picture of each child for their packet. A social worker or nurse acquaints the parents that accompany the child with the system and procedures, and assists the parent to the assigned consultant's stations. Each consultant makes notations of his/her findings and if significant on the cover page of the childs packet. This is expalined and given to the parent for "closure" at the final station by the social worker or nurse that monitors the referral and parent(s) through the clinic. We then conduct a working lunch where a priority list is developed of the order for staffing referrals that afternoon with the teachers. This also gives the consultants a chance to discuss more fully their findings with fellow consultants, guaranteeing a general direction for the child during the feedback staffing with the teachers.

We divide into two smaller groups for our feedback staffing session to guarantee a more intimate group exchange. We ask the teacher about their educational concernes and then go down the line with the pediatrician, psychologist, optometrist, pedodontist, psychiatric social worker and psychiatrist should the referral warrant his counsel. The feedback session is directed by a project consultant that synthesis and eclectically pulls together all relevant data to develop a concensus recommednation for the child. Possible education solutions are discussed at this time, and the data collected thus far is placed on an overhead projector for all teachers to assess and review. A report covering all the collected data is developed and sent to each administrator and professional from the area that work with the child. At the time these recommendations are developed, a person in the community, public health

nurse, school nurse or concerned teacher may accept the responsibility of seeing that the medical recommendations are carried out.

The completed findings for our identification diagnosis and synthesis component for this year accompanies this report.

Commitment to this project by parents can be made by the attendance to the Child Development--Behavior Modification type class sponsored by the project and utilizing the local college for resources and instructor. Further commitment to the project by the teachers is insured by the Behavior Analysis Workshop --This is usually held in a Task Force area to develop special skills for managing problem children--This makes teachers special, when special class are impossible and the need exists.

Activities or Services

1. What were the main activities (or services) in the program?
2. How were these activities (or services) related to specified program objectives?
3. What methods were used in carrying out each activity (or service)?
4. What was a typical day's or week's schedule of activities for the children (or others) who received the program?
5. How were pupils grouped for the various program activities?
6. What were teacher-pupil ratios (or aid-pupil, or adult-pupil, and so on) in each of these groupings?
7. How did pupils (or others) receive feedback on their individual daily progress?
8. How did parents receive feedback on their child's progress?
9. What amounts and kinds of practice, review, and quiz activities were provided for pupils (or others) in the program?
10. What special provisions were made for motivating pupils (or others)?
11. If a comparison group was used, what were important differences in the activities and methods used in this group and the activities and methods used with the program group?

Our major activity was the identification of handicapped children to assess their handicap, provide diagnostic and prescriptive services when possible, and to create communication channels between schools and agencies who have common concern for children.

To create a concerned community group of paretns and citizens within each target area to assist with our needs assessment and follow-up activities.

To develop a coordination group of concerned parents, school, and agency people to see that project recommended medical and educational objectives are carried out. These activities related directly to project objectives such as: Project guidelines dictated that a liaison between project personnel, county and local schools officials and community agencies and people be utilized as an advisory council in each target area, this is to guarantee cooperation and coordination of area resources for the betterment of our target population of handicapped minors.

The concerned community group, assisted by local agency and school personnel completed our needs assessment, in order to appraise the problem and plan strategies to alleviate the found needs. This group also encouraged other community resources to be made available to us and developed an awareness to the problem within the total community that would have been difficult coming from an outside source.

Methods used for each phase differed in each target area due to local idiosyncrasy, but in general went this way: Through the County Superintendents Office, specific people were contacted to be cooperative and to manage the county responsibility to the project. Guidelines were created with and by this group that both county and project personnel adhered too.

A concerned community group usually of parents of handicapped children was created in each target area. This group with project personnel directionand guidance conducted our needs assessment, and were supportive to and helped create parent participation with teachers in our Behavioral Analysis Workshop, and were members of our college sponsored child development and Behavioral Modification type class. This group also participated with school and agency personnel with medical and other than educational types of follow-up on our handicapped children.

Our mobil teams works with teachers in the selection of referrals and prescreens all of those selected. After a large enough group of referrals is selected with possible significant handicapped definitions, our selection press further and selects the most critical. Parents of this group are recontacted and if parent participation can be assured the group of referrals is reviewed by our selection committee of agency, schools and project personnel for a particular target area. A specifc number of referrals are selected usually fifteen. Cumulative files with all past medical and social histories are gathered for each referrals. Arrangements are then made to hold a Task Force Clinic for the selected referrals. Community people are involved with these arrangements and are usually held in a church, or other facility that has large rooms and the other physical needs of our special consultant.

We then hold our Task Force Clinic with our Psychiatric Social Workers visiting the home and interviewing parents the day. or evening before. The referrals are examined by our consultants during the morning. Parents must accompany their children and confer with each consultant. There is also a period when parents are gathered together and the merits of a Child Development and or Behavior Modification type class discussed and commitment to attend are obtained. A minimum day is held in the target area and all involved teachers (selection of referrals guarantees relevance to most teachers) attend. This feedback staffing session begins with our requesting feelings and thoughts from the teachers who made a specific referral. Our consultants then follow this with their more in-depth findings and a concensus is developed with all recommendation for the referral. We discuss the multitude of possible handicaps discovered and possibilities within the resources of the local school district for implementing programs for remediation. The Public Health Nurses and other agency personnel who participate in our Task Force are made aware of their particular areas of eliminating these needs. We then prepare a report for the school district with all recommendations for each child--educational, Short-Doyle, Welfare, medical, etc., are spelled out with various areas of responsibility. Either a concerned parent, school, or agency person is assigned to each child to guarantee that the recommendations are carried out. Project personnel monitors each child to see that recommendations are carried out or to be supportive to various agencies and to see that responsibilities are carried out. Behavior Analysis workshops are conducted in each of our target areas as an assistance to the teachers in developing skills and techniques of managing problems within a class. Project personnel are then on call to be supportive to any problems that develop. Project personnel will assist the local school district in applying for special classes, the agencies in utilizing their resources for the handicapped, and the individual teachers and parents in each target area as problems advise. If project resources still exist, additional Task Forces can be held in each target area for the next most critical group of referrals.

Instructional Equipment and Materials

1. Were special materials developed or adapted for the program? How and by whom?
2. What other major items of equipment and materials did the program require? In what amounts?
3. How were key aids and materials used in connection with the various program activities?
4. If a comparison is being made between program and nonprogram persons, were there important differences between these groups in kinds and amounts of materials provided, or in methods of use?

The only unique or innovative involvements of this project seems to me to be our involvement of non-teacher and non-educational professional people in a way that opens up vast new areas of thought to teachers. Our psychiatric social workers give us insight into home situations and relationships unique to educators and yet very relevant to the education of the child involved. This is a resource that already exists in many communities, but is seldom tapped in our region.

Similar conditions exist for each of our consultants. In no one case were teachers aware of all the ramifications and relevant involvement between school, home culture, physical, medical and emotional make-up of the child in the proper context, to make or develop an educational program that met even most of the needs of the child. They were shocked that dental imperfections such as a miss shaped how could cause stomachache everyday because the child couldn't possibly properly chew his or her food. That many had toxic tonsils and adnoids, abscessed teeth that were draining infection into their systems. A number of our children appeared to have worms. All this from dental examinations. Public Health officials were quick to send in people to examine these problems.

We utilized and reworked Dr. Dwight Goodwin's, Behavior Analysis System into a practicum and workshop presentation. It was developed during a Title VI Project in Santa Clara. We have modified and used materials developed in the Title III Projects from the Chico P.A.C.E. Center for Goals and Objectives Workshops. We have used behavior modifications materials developed in our county office. All of this was to create an awareness to the problems of the handicapped children that exist throughout our areas, and in many cases are not recognized or resources allocated to aid or support programs to alleviate the need. It also appears that our multi-discipline team approach to assessing childrens needs with their teachers present and contributing to the collectively developed consensus findings is unique in the State of California.

Parent-Community Involvement

1. What role, if any, did parents have in the program?
2. Were meetings held with parents? Why? How often?
3. What role, if any, did various community groups have in the program?
4. How was the community kept informed?
5. If problems with parents or the community affected the program, what steps, if any, were taken to remedy the situation?

Parents were involved almost from the beginning in our efforts in discovering the needs within our various target areas. In some cases where the school officials were reluctant to cooperate at first, we used parent groups for our needs assessment and later when the needs were identified and optimum types of programs discussed, the local schools became very cooperative. In most cases, however, the county schools office choose the first parents or community people for us to contact, and from there we generated the advisory council and other concerned community groups.

Parents or concerned community groups initiated our needs assessment survey in cooperation with schools and agencies in each target area. Project personnel were supportive to and guided this activity. Parents or this concerned community group prepared the community for our Task Force Clinics, were made aware of all medical, educational, and community recommendations developed by the Task Force. Project personnel were supportive to all follow-up activities. Parents were involved in classes, and workshops along with teachers. When special needs were discovered to exist with a child, specific parent project personnel or special consultants were obtained to meet the needs of the situation.

Budget

1. From what sources were program funds obtained?
2. What was the total cost of the program?
3. What period of time was covered by these funds?
4. What is the per pupil cost of the program? What was the formula for computing this figure?
5. How does the per pupil cost of the program compare with the normal per pupil cost of the schools in the program?
6. Where can the reader get more detailed budget information?
7. Of the total cost of the program, give rough dollar estimates of developmental costs, implementation costs and operational costs.
8. Give the costs for the entire project period by budget categories (i.e., professional salaries, contracted services, etc.).

Project funds sources was Title III, ESEA	$44,000.	Cost per child	$29.
Project funds sources was Title VI-B, EHA	$100,000.	Cost per child	$66.
Total cost of programs	$155,500.		
Donated agency time	$ 31,349	Cost per child	$21

Period of time covered was July, 1972 through June 30, 1973.

Per pupil cost of the program was approximately $116. The formula for computing this figure was the number of children actually involved with the Task Force Clinic and served in some way by project consultants. Workshops for both teachers and classes for parents are not included, as this would create a new set of figures difficult to make accountable.

The per pupil cost of the program of assessing the needs, classifying the handicaps and appraising community and school resources for alleviating the needs found is still much less than the normal per pupil cost of the school district to provide this service. This is due in part to our not initiating and funding a new program, but show the district and community how they can utilize more efficiently their own resources, or help them obtain state funding for special classes. Special class funding would enhance the per pupil cost tremendously as special education is a very costly process, and there are no real lasting short cuts, to do the job right you must have resources in both quality and quantity.

The project budget details gives a more adequate description of the project expenditures. Please see detail budget.

Special Factors

For use of potential adopters of the program:

1. What modifications of the program are possible?
2. What are the suggested steps in adopting this program?
3. What are some things others should avoid in adopting this program?
4. Can the program be phased in, beginning on a small scale? How?
5. Can parts of the program be adopted without taking the whole program? What parts?

There are many possibilities of this program for potential adaption/ adoption since the program utilizes resources that in most communities exists parallel to the school system, but is very seldom utilized by it.

The psychiatric social worker, public health nurses, and other agency personnel have knowledge and skills that would greatly enhance theschools ability to work with some of their most difficult problems. The schools utilization of up-to-date data from dental and pediatric examinations, even to call upon the specialist for special help in dealing with a specific problem child is the heart of this project.

A school district could utilize these special people as consultants for special cases, or could have this resource available depending upon special needs as they develop. I have found these professional people to be both interested in school affairs and eager to help the school district, help children where their special talents and skills are involved.

The school district must always keep their finger on the educational aspects of the childs development, and to use these special consultants only as support to the educational program or gain insight into problems that will allow the school district to utilize other resources to assist the child and family. We are educating the whole child not just the body or mind, and they must be appraised of all physical, emotional and psychological factors that could influence the child in our school.

This program could be phased in, beginning on a small scale by appraising your community agencies and selecting the specific skills and knowledge you feel you need from this available resource. You can tell if the consultants will be child centered, and of value to you only by interviewing and watching him work. Have this consultant work with one specific case that you have some expert knowledge about and in concert with your special education personnel, review the case with the new consultants findings and determine the relevance of his data to what is known. In most cases, here, he or she will greatly enhance the known data about a child and will be the person you are seeking and from your community.

Selected parts of this program could be utilized, or left out due to lack of the special resource in your community, or due to the lack of this speciality as a need in your particular area at this time. My feeling is that eventually legislation will make most of this type of program mandatory such as vision testing at this time. This vision testing program still is not implemented as it should be, but efforts are being made to complete this function as mandated.

Dissemination

Discuss how project information was disseminated during the past budget period.

1. Provide an estimate of the number of unsolicited requests for information from both within and outside the project area.

2. List the number of visitors from outside the project area.

3. Provide the cost of dissemination during the last budget period.

4. Provide the total cost of dissemination including prior budget periods (if possible).

This was our dissemination year and all relevant data concerning this element is included in the evaluation section.

1972-73 Adoption/Adaption Activities
Service Center for Handicapped Children

COMPONENT
ADOPTION = AO
ADAPTION = AA
UNCERTAIN = X
NO = O

1.0 INITIAL AWARENESS

DIRECT	INDIRECT	0.0 Project Objectives To insure and promote the adoptors/adaptors of the Service Center for Handicapped Children completes--program components in a minimum of nine other school settings (county, district, or school) in the State of California (local and statewide).	Handicapped students identify, diagnose, prescribe resources	Behavior Analysis work--educators, parents, child development class. Adaptors/adoptors--almost transfer of complete program. Adoptor=concept and replication of program. Adopt=concept and modification of program.	ACSA/Expo	District Mailing	State Dept. Mailing	Personal Contact	Personal Request	Brochure	Presentation-No. Attn.	Other
1	x	Multi=Discipline Task Force #1	AO	AO	-	14	2	67	5	17	129	
2	x	Multi=Discipline Task Force #2	AO	AO	--	29	2	100	5	59	54	
3	x	Multi=Discipline Task Force #3	AO	AO	--	28	2	111	6	48	55	
4	x	Multi=Discipline Task Force #4	AO	AO	--	25	2	107	7	76	65	
5	x	Multi=Discipline Task Force #5	AO	AO	--	47	2	89	8	66	47	
6	x	Multi=Discipline Task Force #6	AO	AO	--	22	2	68	3	44	38	
7	x	Workshop #1	AO	AO								
8	x	Workshop #2	AO	AO								

	2.0 Dissemination 13 Articles 117 Pages (Packet Contents)																			4.0	
	SECONDARY AWARENESS							MATERIALS SENT							VISITATION/DEMONSTRATION					STAFF TRAINING	
	Date	A - Administration T - Teachers S - Students P - Parents	Presentation	Dissemination Packet	Support Request	Number of People	Other	Dissemination Packet	Brochures	Task Force Guide	Reports	Behavior Analysis Practicums	Follow-up Matrix	Other	Component I	Component II	Number of People	WORK WITH: A-Admin. T - Teachers S - Students P - Parents	Other	Date Component I & II	Number of People Component II
1	9-19-1972	ATSP	129	-	4	172	-	-	50	250	10	26	20	-	172	26	172	ATSP	-	9-19 1972	26
2	12-2 1972	ATSP	54	-	1	59	-	-	59	250	31	54	25	-	59	10	59	ATSP	-	11-2 1972	10
3	1-9 1973	ATSP	65	-	3	158	-	50	100	250	38	130	25	-	158	-	58	ATSP	-	1-9 1973	-
4	2-23 1973	ATSP	65	-	4	135	-	30	50	250	28	80	25	-	135	61	135	ATSP	-	2-23 1973	61
5	3-23 1973	ATSP	47	-	1	98	-	25	40	250	14	40	25	-	98	-	98	ATSP	-	3-23 1973	-
6	5-4-1973	ATSP	38	-	1	105	-	10 10	35	250	31	30	25	-	105	-	105	ATSP	-	5-4-1973	-
7												40				40		ATP		1-13 1973	40
8												50				50		ATP	-	3-31 1973	50

5.0

	TECHNICAL ASSISTANCE FOR IMPLEMENTATION					SERVICE CENTER FOR HANDICAPPED CHILDREN				CONSUMER SCHOOL PERSONNEL & PARENTS					AGENCY					COMMUNITY VOLUNTEERS		
	Monitor (Date)		WORK WITH: A-Admin. T - Teachers S - Students P - Parents	Number of People	Date	Professional Staff Time	Travel Time	Travel Cost	Total Cost	Funds Expended	Number of Staff	Number of Parents	Number of Students	Target Population	Funds Expended	Number of Staff Involved	Number of Parents Involved	Far Northern	Mental Health	Aid to Handicapped	Parents Group	High School Students
	Component I	Component II																				
1	9-19 72	2-1 72	ATSP	26	9-19 1972	53	140	650	30,630	676	[illegible]	40	160	393	3,600	9	38	3	-	-	3	
2	11-2 72	2-1 72	ATSP	45	11-2 1972	35	140	650	21,450	615	45	53	240	688	2,400	8	40	3	2	12	3	
3	1-9 73	-	ATSP	48	1-9 1973	52	104	250	30,120	1,570	48	57	252	720	5,000	10	42	3	2	3		
4	2-23 73	-	ATSP	51	2-23 1973	30	100	320	18,900	1,370	51	62	240	969	2,000	5	40	3	2	23		
5	3-23 73	-	ATSP	25	3-23 1973	25	94	400	16,350	1,770	63	35	280	1721	1,200	3	32	4	2	18	-	
6	5-4 73	-	ATSP	44	5-4 1973	25	60	458	16,350	670	44	43	280	1429	4,900	7	32	4	2	15		
7		1-13 73	ATP	53	1-13 1973	18	32	248	1,000	2,320	106	12	1590	2517	-	-	-	-	-	-	-	
8		3-3 73	ATP	49	3-31 1973	18	50	60	1,000	2,400	98	8	1470	3930	-	-	-	-	-	-	-	

2

1972-73 Adoption/Adaption Activities
Service Center for Handicapped Children

COMPONENT

ADOPTION = AO
ADAPTION = AA
UNCERTAIN = X
NO = O

INITIAL AWARENESS

DIRECT	INDIRECT	0.0 Project Objectives To insure and promote the adoptors/adaptors of the Service Center for Handicapped Children completes--program components in a minimum of nine other school settings (county, district, or school) in the State of California (local and statewide).	Handicapped students identify, diagnose, prescribe resources	Behavior Analysis work--educators, parents, child development class. Adaptors/adoptors--almost transfer of complete program. Adoptor=concept and replication of program. Adopt=concept and modification of program.	ACSA/Expo	District Mailing	State Dept. Mailing	Personal Contact	Personal Request	Brochure	Presentation	Other
	x	BROCHURES - See List	-		x	x	x	x	x	x	x	
	x	DISSEMINATION PACKETS - See List	-		x	x	x	x	x	x	x	
	x	FINAL REPORT AND ARTICLE - See List	-			x	x		x			
	x	ACSA/EXPO ATTENDANCE	-		x			x	x	x	x	
	x	ACADEMY OF DENTISTRY FOR HANDICAPPED	-					x	x	x	x	
	x	BEHAVIOR ANALYSIS - See Attached List	AO	AO - Component II	x	x	x		x			
	x	ACSA/EXPO 1972-73 (See List Attached)	-		x			x	x	x	x	
	x	CALIFORNIA PEDODONTIST ASSOCIATION (S.F. Meeting)						x	x	x	x	

	2.0 Dissemination 13 Articles 117 Pages (Packet Contents)																			4.0		
	SECONDARY AWARENESS							MATERIALS SENT							VISITATION/DEMONSTRATION					STAFF TRAINING		
	Date	A - Administration T - Teachers S - Students P.G. (3) P - Parents	Presentation	Dissemination Packet	Support Request	Number of People	Other	Dissemination Packet	Brochures	Task Force Guide	Reports	Behavior Analysis Practicums	Follow-up Matrix	Other	Component I	Component II	Number of People	WORK WITH: A-Admin. T - Teachers S - Students P - Parents	Other	Date Component I	Number of People Component II	
1	1972-1973	ATP & PG	x	x	x	(1)		x	5081	-	-	-	-	-	x	x	-	-	-	-	-	
2	1972-1973	ATP & PG	X	X	X			400	-	-	-	-	-	-	x	x	-	-	-	-	-	
3	1972-1973	ATP & PG	-	-	-			-	-	-	-	-	-	266	-	-	-	-	-	-	-	
4	1972-1973	AT	-	x	-			list	-	-	-	-	-	-	-	-	-	-	-	-	-	
5	10-28 72	PG	x	x	-		-	-	x	-	-	- -	-	--	-	-	-	-	-	-	-	
6	1972-1973	ATP PG	-	-	-	-	-	-	-	-	-	1014	-	-	-	-	-	-	-	-	-	
7	1972-1973	AT	1017	-	-	-	-	(2)	(2)	(2)	(2)	(2)	(2)	-	-	-	-	-	-	-	-	
8	1972-1973	PG	x	x	-	-	-	-	x	-	-	-	-	-	-	-	-	-	-	-	-	

(1) Exposure - 325 Attending
(2) See List
(3) P.G. Professional Group

5.0

	TECHNICAL ASSISTANCE FOR IMPLEMENTATION					SERVICE CENTER FOR HANDICAPPED CHILDREN				CONSUMER SCHOOL PERSONNEL & PARENTS			AGENCY			COMMUNITY VOLUNTEERS				
	Component I	Monitor (Date) Component II	WORK WITH: A-Admin. T - Teachers S - Students P - Parents	Number of People	Date	Professional Staff Time	Travel Time	Travel Cost	Total Cost	Funds Expended	Number of Staff Involved	Number of Students Involved	Funds Expended	Number of Staff Involved	Number of Parents Involved	Far Northern	Mental Health	Aid to Handicapped	Parents Group	High School Students
1	-	-	-	-	-	-	-	-	480	-	-	-	-	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	2,500	-	-	-	-	-	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	50	-	-	-	-	-	-	-	-	-	-	-
4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6	-	x	STAFF	4	12-72	10Hrs	-	-	500	-	-	-	-	-	-	-	-	-	-	-
7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

INDIVIDUALS RECEIVING DISSEMINATION PACKETS
1972-73

NAME		ADDRESS
Mr. Ray Darby	Shasta County Superintendent of Schools	Redding, Calif.
Mr. Larry Hultz	Asst. Supt. Shasta County Supt of Schools	Redding, Calif
Mr. Bud Neeley	Asst. Supt. Shasta County Supt of Schools	Redding, Calif.
Mr. Duane Bay	Dir. Special Ed. Contra Costa County Sch.	Martinez, Calif.
Mr. D.O. Howard	Dir. Special Ed. Porterville Pub. Schools	Porterville, Calif.
Michael E. Schneider	Special Ed. Rockyford School District	Rocky Ford, Colorad
Robert Gravette	Trinity County Supt of Schools(2)	Weaverville, Calif.
Paul Fisher	Siskiyou County Supt of Schools (2)	Yreka, Calif
Clarence V. Bateman	Sierra County Supt of Schools (2)	Downieville, Calif
Richard Fickel	Santa Cruz County Supt of Schools (2)	Santa Cruz, Calif
Margaret Braden	Special Education, Youngstown University	Youngstown, Ohio
Vera Stone	Special Education, Vallejo City Unified	Vallejo, Calif.
Margaret Johnson	Special Ed. Shasta Lake School Dist	Project City, Cali
Sidney R. Ottman	Special Ed. Santa Brabra County Schools	Santa Barbara Cal
Mr. Robert O'Connor	Dir. Title III, Mississipi State College	Jackson, Mississip
Dr. Russell Kent	San Mateo County Supt of Schools(2)	Redwood City, Calif
Gaylord Nelson	San Joaquin County Supt of Schools (2)	Stockton, Calif
Edwin A. Hendrix	Sutter County Superintendent of Schools(2)	Yuba City, Calif
Max Cochran	Tulare County Supt. of Schools (2)	Visalia, Calif
Martin A. Cablazar	Yolo County Supt of Schools (2)	Woodland, Calif
James F. Cowan	Ventura County Superintendent of Schools (2)	Ventura, Calif.
Robert Wapple	Yuba County Superintendent of Schools	Marysville, Calif
Kay Goodridge	Calaveras County Supt of Schools (2)	San Andreas, Calif.
Tom Evans	Butte County Supt of Schools (2)	Oroville, Cal
Rennie Nolls	Title II Dir., Shasta County	Redding, Calif
Rock La Fleche	Alameda, County Supt of Schools (2)	Hayward, Calif
George Clary	Alpine County Supt of Schools	Markleeville, Calif
Lawrence Danilovich	Amador County Supt of Schools	Jackson, Calif
Clinton Nielson	Colusa County Supt of Schools	Colusa, Calif.
Bill Greene	State Senator	Sacramento, Calif.
Ted Dixon	San Diego County Supt of Schools	San Diego, Calif.
Roy C. Hill	San Bernardino Co. Supt of Schools	San Bernardino, Cal.
William Watson	San Luis Obispo County Supt of Schools	San Luis Obispo
Hanna Bauer	Cal. University at Davis	Davis, Calif.
William Cagney	County Supt of Schools = Holister	Holister, Calif.
Leo A. Palmiter	Sacramento County Supt of Schools	Sacramento, Calif.
Kenneth Lonergran	Placer County Superintendent of Schools	Placerville, Calif.
Dick Keefe	Dir. Spec. Services Contra Costa County	Pleasant Hill, Calif
Norman M. Gould	Madera County Supt of Schools	Madera, Calif.
Richard Clowes	Los Angeles, County Supt of Schools	Los Angeles, Calif.
Harry Blair	County Supt of Schools	Bakersfield, Calif.
Melvin Bernasconi	County Supt of Schools	Independence, Calif.
Glen W. Paul	Humboldt County Supt of Schools	Eureka, Calif.
Ernest Poore	Fresno County Supt of Schools	Fresno, Calif.
William F. Jameson	Del Norte County Supt of Schools	Crescent City, CA
Floyd I. Marchus	Contra Costa County Supt of Schools	Pleasant Hill, Calif
Walter Eagan	Sonoma County Supt of Schools	Santa Rosa, Calif.
Virgil S. Hollis	Marin County Supt of Schools	Corte Madera, Calif.
Piercy C. Holliday	County Supt of Schools	Napa, Calif.
Edward G. Fellerson	Nevada County Supt of Schools	Nevada City, Calif.
Robert Bair	Kings County Supt of Schools	Hanford, Calif.
Neal Wade	Stanislaus County Supt of Schools	Modesto, Calif.

INDIVIDUALS RECEIVING DISSEMINATION PACKETS
1972-73

NAME		ADDRESS
Con Oamek	Greenville Jr. Sr. High	Greenville, Calif.
Marilyn Anderson	March of Dimes	Chico, Calif.
William McCollum	Chester Elementary	Chester, Calif.
Donald Ratzlaff	Greenville Elementary	Greenville, Calif.
Dr. G. W. Cooper	Chester Jr. Sr. High	Chester, Calif.
Glenn B. Lee	Portola Jr. Sr. High	Portola, Calif.
Dr. John Genasci	School Director, American School	Africa
Harold Tooley	Injun Jim School	Injun Jim, Calif.
Richard Matthews	Portola High School	Portola, Calif.
Jennings Van Fossen	Pioneer Elementary School	Quincy, Calif.
Wendall Guess	Prin. Quincy Elementary School	Quincy, Calif.
Vincent Burns	Quincy Jr. Sr. High	Quincy, Calif.
Homer Medcalf	University at Chico (2)	Chico, Calif.
Diane Rose	University of Calif. at S.F.	San Francisco
Jerry Marring	Enterprise School Dist	Enterprise, Calif.
Don Amero	Shasta Supt of Schools Office	Redding, Calif.
Linda Arenchild	Shasta County Supt of Schools	Redding, Calif.
Barbara Ashbaugh	Shasta County Supt of Schools	Redding, Calif.
Delano M. Brown, O.D.	Optometrist	Burney, Calif.
Diana Carlson	Lassen County	Susanville, Calif.
LLoyd Cootney, DDS	Dentist, Scott Valley	Etna, Calif.
William A. Cunah, DDS	Dentist, Scott Valley	Callahan, Calif.
Melvin Dunn	Lassen County & University of Nevada & Task Force Member	Susanville & Reno Calif Nev.
Linda Fitchett	Audiologist & Task Force Member	Redding, Calif.
Dave Favor	Psychiatric Social Worker	Chico, Calif.
Isabelle Hardy	Director School Nursing Program	Oroville, Calif.
June Hartmann, R.N.	Shasta Public Health Dept	Redding, Calif.
Nancy Hogdson	Supt of Schools Office	Yreka, Calif.
George Jones, DDS	Dentist & Task Force Member	Oroville, Calif.
Joel R. Kay, M.D.	Scott Valley Medical Center	Scott Valley, Calif.
Helen Mathewson, PHN	State Dept of Public Health	Berkley, Calif.
John McNamara, M.D.	Children & Youth Unit - Dept of Pub. Health	Berkley, Calif.
Kay Morris	Trinity County Social Worker & Task F. Member	Weaverville, Calif.
Dick Phillips	Shasta County Supt of Schools & Task F. Member	Redding, Calif.
Sue Pierson	Siskiyou County Mental Health Clinic	Yreka, Calif.
John Polson	Far Northern Regional Center	Redding, Calif.
Jim Richardson	Far Northern Regional Center	Redding, Calif.
Lona Schlegeck, R.N.	Far Northern Regional Center	Redding, Calif.
Joseph Turbovksy	Siskiyou County Schools Office	Yreka, California
Lyle Victor	Scott Valley Medical Center	Etna, California
Florence Weed, PHN		
David Whyte, M.D.	Far Northern Regional Center	Redding, Calif.
David Wilson, Ph.D.	Far Northern Regional Center	Redding, Calif.
Doreen Wysocki, PHN	State Dept. of Public Health	Red Bluff, Calif.
Dorothy Johns, PHN	Siskiyou County School Nurse	Yreka, California
Ernestine Parz	Shasta County School Nurse	Redding, Calif.
Distribution to Title VI	Sacramento, California (25)	
Distribution to Title III	Sacramento, Calfironia (20)	
Scott Valley T .F.	Etna, California (50)	
Three T.F. Ventures	Quincy, Alturas & Susanville (75)	
ACSA/Expo	12 Presentations (80)	

Total Distribution of Dissemination Packets 400

INDIVIDUALS RECEIVING DISSEMINATION PACKETS
1972-73

NAME		ADDRESS
Louis J. Bosetti	Tehama County Supt of Schools	Red Bluff, Calif.
Lorenzi Dall'Armi	Santa Barbara County Supt of Schools	Santa Barbara, CA
Arthur McGrath	Tuolumne County Supt of Schools	Sonora, Calif.
Floyd Schelby	Merced County Supt of Schools	Merced, Calif.
Glenn Hoffman	Santa Clara County Supt of Schools	San Jose, Calif.
Carl E. Burson, Jr.	Mono County Supt of Schools	Bridgeport,Calif.
Don Kenny	Riverside County Supt of Schools	Riverside, Calif.
Clarence Lowe	Imperial County Supt of Schools	El Centra, CA
Robert Peterson	Orange County Supt of Schools	Santa Ana, Calif.
Russell Howard	El Dorado County Supt of Schools	Placerville, Calif.
Clarence Golomb	Solono County Supt of Schools	Fairfield, Calif.
James Holland	Weaverville Elementary School Principal	Weaverville, Calif.
The Honorable Alan Cranston	Senate Building	Washington D.C.
The Honorable Ronald Collier	State Capitol-Room 5052	Sacramento, Calif
Selda Covington	Childrens Home Center	Chico, Calif.
David Uslan	Title III Project for Handicapped	Sacramento, Calif
Neal Andrews	U.C. Davis	Davis, Calif.
John R. Johnson	Oroville High Principal	Oroville, Calif.
Jane Colton	Tamal Vista Bld. (2)	Corte Madera, Calif
Pauline Davis	Assemblywoman-State Capitol- Room 4148	Sacramento, Calif.
The Honorable Bizz Johnson	2347 House Office Bldg.	Washington D.C.
The Honorable John Tunney	6237 Senator Office Building (2)	Washington D.C.
The Honorable Fred Marler	Sec. Senatorial Dist. St. Cap.	Sacramento, Calif.
Arthur Phelen	Title VI (2)	Sacramento, Calif
Leslie Kratz, OD	Optometrist	Redding, Calif.
Helen Dean	School Nurse, Plumas Unified School Dist.	Chester, Calif
Ray P. Charlson	Montgomery Cr. Supt of Schools	Montgomery Creek, C
Ray Becker	Glenn County Supt of Schools	Willows, Calif.
Mary Henley	2850 Mountain View Road	El Monte, Calif.
George Barendse	Mariposa County Supt of Schools	Ukiah, Calif.
Louis Delsol	Mondocino County Supt of Schools	Ukiah, Calif.
William Kesey	Lake County Supt of Schools	Lakeport, Calif.
Dr Keith Rose	PACE Center, Chico, Cal	Chico, California
Mrs. Ila Keyson	6020 Van Alstine Avenue	Carmichael, CA
Don Kelly	Dissemination Consultant (2) Title III	Sacramento, Calif.
Arthur Gatenby, MD	2650 Hospital Lane	Redding, Calif.
Homer Midcalf	University of Chico-Sociology Dept	Chico, Calif.
Harold Sterling, MD	UCD	Davis, Calif.
Chris Cochrane	Dept of Finance	Sacramento, Calif.
Irving H. Golder	U.S. Small Bus. Administration	Oakland, Calif.
Florence Stroud	PHN UC at Berkeley, Audit Team Member	Berkeley, Calif
Carl Kirchner	Consult. in Special Ed. State Dept. of Ed.	Sacramento, Calif
Dr. Charles Gardipee	Bureau of MR Service	Berkeley, Calif.
Alice Berry	Psychologist, Anderson High School	Anderson, Calif.
Arleen Garrett	Counselor, Plumas Unified School District	Quincy, Calif
Robert Puris	Hemet Unified	Hemet, Calif.
Cindy Hilton	714 P Street	Sacramento, Calif.
Milton Grassman	Sweetwater UHS	Chula Vista, Calif.
Carl Kirchner	State Dept of Education	Sacramento, Calif.
Dr. R. W. Bayuk	South 4th Street	Yreka, Calif.
Marilys M. Kehm	Forest Meadows Development Center	San Rafael, Calif.
Jay M. Beams	Lassen County Health Office	Susanville, Calif.

LIST OF NAMES OF INDIVIDUALS RECEIVING
FINAL REPORT

1972-73

Name NAME		ADDRESS
Gaylord Nelson	County Supt. of Schools, San Joaquin Co	Stockton, California
James Cowan	County Supt. of Schools, Ventura County	Ventura, California
Don Kenny	County Supt. of Schools, Riverside Co	Riverside, California
Clarence Lowe	County Supt. of Schools, Imperial Co.	El Centro, California
Russell M. Howard	County Supt. of Schools, ElDorado County	Placerville, California
Robert Peterson	County Supt. of Schools, Orange County	Santa Ana, California
Clarence Golomb	County Supt. of Schools, Solono County	Fairfield, California
James Holland	Principal, Weaverville Elementary School	Weaverville, California
Selda Covington	Director, Children's Home Center	Chico, California
Jane Colton	Dir. Pupil Personnel, Contra Costa Co	Pleasant Hill, California
Alan Cranston	U.S. Senator	Washington D.C.
Randolph Collier	State Senator,	Yreka, California
Pauline Davis	Assemblywoman	Portola, California
Bizz Johnson	US Representative from District 5	Roseville, California
John Tunney	U.S. Senator	Washington D.C.
Fred W. Marler Jr.	State Senator	Redding, California
Ila Keyson	6020 Van Alstine Ave.	Carmichael, California
Don Howard	Director of Special Ed. Porterville Sch.	Porterville, California
Paul Fisher	County Supt. of Schools, Siskiyou Co.	Yreka, California
Robert Gravette	County Supt. of Schools, Trinity County	Weaverville, California
Sidney Ottman	Dir. Special Ed. Santa Barbara County	Santa Barbara, California
Edwin Hendrix	County Supt. of Schools, Sutter County	Yuba City, Califronia
Max Cochran	County Supt. of Schools, Tulare County	Visalia, California
Martin Cabalazar	County Supt. of Schools, Yolo County	Woodland, California
Robert Wapple	County Supt. of Schools, Yuba County	Marysville, California
Tom Evans	County Supt of Schools, Butte County	Oroville, California
Henry Knowles	Principal Sylvan Elementary School	Modesto, California
Rock La Fleche	County Supt. of Schools, Alameda, Co.	Hayward, California
George Clary	County Supt. of Schools, Alpine County	Markeleville, California
Lawrence Danilovich	County Supt. of Schools, Amador County	Jackson, California
Clinton Nielson	County Supt of Schools, Colusa County	Colusa, California
Ted Dixon	County Supt of Schools, San Diego County	San Diego, California
Lloyd Cootney,DDS	Dentist	Etna, California
Clark O'Dell	Asso. Supt. Curricular Services, Siskiyou County	Yreka, California
Roy Crocker	Principal, Fort Jones Elementary School	Fort Jones, California
Fred Bennett	Principal, Etna Elementary Schools	Etna, California
Donna Bolon	Title III Representative	Sacramento, California
Jerald Frey	Title III Project Director	San Diego, California
GwenTaylor	Family Health Care Nursing, U.C.S.F.	San Francisco, California
Harry Blair	County Supt. of Schools, Kern County	Bakersfield, California
Donna Soldano	Teacher, San Jose Schools & T.F. Member	San Jose, California
Mr. Bob Dias	Assistant Supt, Siskiyou County Schools	Yreka, California
Linda Fitchett	Audiologist & Task Force Member	Redding, California
Kay Morris	Psy. Social Worker & Task Force Member	Weaverville, California
Melvin Dunn	Psychologist,,Lassen Co. & Task F. Member	Susanville, California
George Jones,DDS	Dentist & Task Force Member	Oroville, California
Lona Schageck	Nurse, Far Northern Regional Center	Redding, California
Delano Brown	Optometrist, And Task Force Member	Burney, California

LISTING OF NAMES OF INDIVIDUALS
RECEIVING FINAL REPORT

NAME		ADDRESS
Conmy Oamek	Principal, Greenville High School	Greenville, California
William McCollum	Principal, Chester Elementary School	Chester, California
Don Ratzlaff	Principal, Greenville Elementary School	Greenville, California
Glen B. Lee	Principal, Portola High School	Portola, California
Harold L. Tooley	Principal, Injin Jim School	Belden, California
Richard Matthews	Principal, Portola Elementary School	Portola, California
Jennings Van Fossen	Principal, Pioneer Elementary School	Quincy, California
Wendell Guess	Principal, Quincy Elementary School	Quincy, California
Vincent Burns	Principal, Quincy Jr/Sr High School	Quincy, California
Marlys Kelm	Forest Meadow Development Center	San Rafael, California
Jay M..Beams	Lassen County Health Office	Susanville, California
Dr. R. W. Bayuk	Physician	Yreka, California
Cindy Hilton	Field Rep. Department of Public Health	Sacramento, California
Robert Puris	Principal, Hemet Unified School District	Hemet, California
Irving H. Golder	Small Business Administration	Oakland, California
Arthur Gatenby	Psychiatrist, Shasta Co. Mental Health	Redding, Califronia
Donald M. Kelly	Title III Representative	Sacramento, California
William Kesey	County Supt. of Schools, Lake County	Lakeport, California
George Barendse	County Supt of Schools, Maripost County	Mariposa, California
Louis Delsol	County Supt of Schools, Mendocino County	Ukiah, California
Ray Becker	County Supt of Schools, Glenn County	Willows, California
William Cagney	County Supt. of Schools, San Benito Co.-	Hollister, California
Leo Palmiter	County Supt. of Schools, Sacramento Co	Sacramento, California
Kenneth Lonergan	County Supt of Schools, Placer County	Auburn, California
Richard Keefe	Audit Team Member - Contra Costa Co.	Martinez, California
Norman Gould	County Supt. of Schools, Madera County	Madera, California
Richard Clowes	County Supt. of Schools, Los Angeles Co.	Los Angeles, California
Harry Blair	County Supt. of Schools, Kern County	Bakersfield, California
Melvin Bernasconi	County Supt. of Schools, Inyo County	Independence, California
Glenn Paul	County Supt. of Schools, Humboldt County	Eureka, California
Ernest Poore	County Supt. of Schools, Fresno, County	Fresno, California
William Jameson	County Supt. of Schools, Del Norte Co	Crescent City,California
Floyn Marchus	County Supt. of Schools, Contra Costa Co.	Pleasant Hill, California
Walter Egan	County Supt. of Schools, Sonoma County	Santa Rosa, California
Virgil Hollis	County Supt. of Schools, Marin County	Corte Madera, California
Piercy Holliday	County Supt. of Schools, Napa County	Napa, California
Edward Fellerson	County Supt. of Schools, Nevada,County	Nevada City, California
Robert Bair	County Supt. of Schools, Kings County	Hanford, California
Neal Wade	County Supt. of Schools, Merced Co.	Modesto, California
Milton Goodridge	County Supt. of Schools, Calaveras Co.	San Andreas, California
Russell Kent	County Supt. of Schools, San Mateo Co.	Redwood City, California
Richard Fickle	County Supt. of Schools, Santa Cruz Co.	Santa Cruz, California
Arthur Phelan	Chief, Educational Improvement for H.C.	Sacramento, California
Louis Bosetti	County Supt. of Schools, Tehema County	Red Bluff, California
Lorenzo Dall'Armi	County Supt. of Schools, Santa Barbara	Santa Barbara, California
Arthur McGrath	County Supt. of Schools, Tolumne County	Sonora, California
Floyd Schelby	County Supt. of Schools, Merced County	Merced, California
Glenn Hoffman	County Supt. of Schools, Santa Clara Co.	San Jose, California
Earl Burson, Jr	County Supt. of Schools, Mono County	Bridgeport, California

LIST OF NAMES OF INDIVIDUALS
RECEIVING FINAL REPORT

NAME		ADDRESS
Lawrence Ferdani	Dir of Curriculum, Amador County Superintendent of Schools Office	Jackson, California
Anthony Matulick	Supt. Oro Madre Unified School Dist.	Sutter Creek, California
Harold E. Corn	Admin. Asst., Oroville City Elementary School District	Oroville, California
Richard S. Boyd	Supt. Oroville Union High School Dist.	Oroville, California
Eugene B. Even	Supt. Paradise Unified School District	Paradise, Califronia
James Granger	Special Ed., El Dorado Union High School District	Placerville, California
David Guterrez	Pupil Personnel, Lake Tahoe Unified School Dist	South Lake Tahoe, California
Frank English	Supt., Calaveras Unified School Dist	San Andreas, California
Clarence L. Dilts	Supt., Placerville Un. Elementary School District	Placerville, California
Robert C. Wooldridge	Supt., Willows Unified School District	Willows, California
Robert Gross	Supt. Arcata Elementary School District	Arcata, California
Haven D. Howatt	Asst. Supt., Eureka City High School District	Eureka, California
Wilbur L. Morris	Supt., Fortuna Un. High School District	Fortuna, California
James Mattheis	Supt., Klamath - Trinity Jt. Unified School District	Hoopa, California
Marshall McCunniff	So. Humboldt Unified School District	Garberville, California
Mrs. Myrtle Boestler	Special Ed. Imperial Co. Supt of Schools	El Centro, California
Claude Bentz	Guidance Serv. Kern County Supt of Schools Office	Bakersfield, California
Irvin Craig	Asst. Supt., Kings County Supt of Schools Office	Hanford, California
Ralph E. Leeder	Special Ed., Lake County Supt of Schools Office	Lakeport, California
William Carle	Supt. Konocti Unified School District	Lower Lake, California
Dale F. Jensen	Supt., Lakeport Unified	Lakeport, California
Edward Brennan	Special Services., Marin County Supt of Schools Office	Corte Madera, California
Bert A. Elliott	Asst. Supt., Mendocino County Supt of Schools Office	Ukiah, California
William Stockard	Asst. Supt., Merced Co. Superintendent of Schools Office	Merced, California
David Simons	Coordinator of Special Services Mono County Supt of Schools Office	Bridgeport, California
Fora Daly	Coordinator, Monterey Co Supt of Schools Office	Monterey, California
Wesley S. John	Dir. Special Ed. , Napa County Supt of Schools Office	Napa,California
Herbert A. Ambrosius	Supt. Grass Valley Elementary School District	Grass Valley, California
Gerald H. Gelette	Supt., Nevada Jt. Union High School District	Grass Valley, California
James R. Jordan	Supt., Auburn Union Elementary School District	Auburn, California

LIST OF NAMES OF INDIVIDUALS
RECEIVING FINAL REPORT

NAME		ADDRESS
Arthur Gatenby, M.D.	Director, Shasta Co. Mental Health Clinic	Redding, California
Alice Berry	Counselor, Anderson Union High School	Anderson, California
David Whyte, M.D.	Director, Far Northern Regional Center for Mentally Retarded	Redding, California
Barbara Ashbaugh	Director of Community Services for Northern California	Redding, California
Betty Smith	Secretary for the Task Force Ventures	Oroville, California
Linda Arienchild	Psychiatric Social Worker for Community Services	Redding, California
Diana Carlson	Psychologist - Intern	Susanville, California
Clarence Bateman	County Supt of Schools, Sierra County	Sierraville, California
Roy C. Hill	County Supt of Schools, San Bernardino County	San Bernardino, California
William J. Watson	County Supt of Schools, San Luis Obispo County	San Luis Obispo, California
John L. Evans	Principal, Tranquillity Un. High School	Tranquillity, California
Charles Nelson	Principal, Gridley High School	Gridley, California
James G. Hull	Loara Elementary School	Anaheim, California
Lester Perry	Psychologist, Central Union Elementary School	Lemoore, California
Gerald Arnold	Superintendent, Wheatland Elementary School	Wheatland, California
Leonard Larson	Asst. Supt. Marysville Jt. Unified	Marysville, California
Lee T. Sheldon	Principal, Woodland Jt. Unified School District	Woodland, California
James N. Bernardy	Principal, Winters Jt. Unified School District	Winters, California
J.A. Misfeldt,	Supt., Washington Unified School Dist.	West Sacramento, California
Mrs. Johana Bauer	Secretary, Davis Jt. Unified School District	Davis, California
Richard N. Page	Director, Special Programs, Yolo County Superintendent of Schools Office	Woodland, Californa
George Linn	Director, Special Services, Ventura County Superintendent of Schools	Ventura, California
Milton Baker	Supt., Sonora Union High School	Sonora, California
Robert R. Reiland	Dir,.Sonoma County Supt of Schools Office	Santa Rosa, California
William J. Zachmeier	Dir. Ed. Services, -Santa Cruz County Superintendent of Schools Office	Santa Cruz, California
James Barlow	Administrator, San Luis Obispo County County Superintendent of Schools Office	San Luis Obispo, California
Kenneth Casanega	Supt, San Benito Jt. Un. High School	San Benito, California
Lars Barstad	Supt, Hollister Elementary School	Hollister, California
Arthur Johnson	Dir., Sacramento County Supt. of Schools Office	Sacramento, California
Edward A. Fanucchi	Dir. Roseville Jt. Un High School	Roseville, California
Gerald Culbertson	Dir of Curriculum, Roseville, City Elementary School District	Roseville, California
National Advisory Council On Supplementary Centers and Service	2100 Pennsylvania Ave., N.W	Washington D.C.

LIST OF NAMES RECEIVING FINAL REPORT

NAME		ADDRESS
Martin Brassil	Principal, Washington Elem. School	814 Cottege St. Susanville, Cal.
Charles S. Clary	Supt. Westwood Unified	Box H., Westwood, California
Ralph Thompson	Prin. Fletcher Walker Elem. School	5th & Delwood, Westwood, Calif
Gladys Ehlerding	Guid & Counselor, Trinity County Schools	Drawer AH Weaverville, Calif.
Don Stewart	Curr. Director, Trinity County Schools	Drawer AH Weaverville, Calif.
Jean Haws	Nurse, Trinity County Schools	Drawer AH Weaverville, Calif.
Charles Sullivan	Principal, Burnt Ranch Elem. School	Burnt Ranch, California
Harold Biggers	Principal, Coffee Creek Elem. School	Trinity Center, California
Donald Keeler,	Principal, Cox Bar Elementary School	Big Bar, California
Wilma Smith	Principal, Douglas City Elem. School	Douglas City, California
Robert Flint	Prin. Hayfork Valley Un. Elem. School	Hayfork, California
Wayne Moss	Principal, Wildwood Elem. School	Platina, California
Raymond Horner,	Principal, Hoaglin-Zenia School	Zenia, California
Leon R. Spiegel,	Principal, Hyampom Elementary School	Hyampom, California
Homer Rodgers	Principal, Junction City Elem. School	Junction City, California
Donald Giovannetti	Principal, Lewiston Elementary School	Lewiston, California
Thomas C. Wolf	Principal, Van Duzen Elementary School	Bridgeville, California
Arthur Phelan	Chief, Special Ed., State Dept of Ed.	Sacramento, California (Handic.)
Leslie Brinegar	Chief, Special Ed. State Dept of Ed	Sacramento, California
Paul W. Plowman	Bureau Chief, Exceptional Children	Los Angeles, California
Glenn Thompson	County Supt of Schools - Lassen Co	Susanville, California
Gino Micheletti	Guidance Counselor, Lassen Co.	Susanville, California
Earl Sage	Dir. Special Education, Lassen Co	Susanville, California
Charles Arnett	Supt. Big Valley Big Valley Unified	Bieber, California
Mrs. Clarence Holl	Principal, Big Valley Primary School	Adin, California
Walter Carter	Principal, Big Valley High School	Bieber, California
Vincent L. Devaney	Supt, Herlong Elementary School	Herlong, California
Mrs. Ruth Lagier	Principal, Janesville Elementary School	Janesville, California
John R. White	Principal, Johnstonville Elementry School	Susanville, California
Gladys Porter	Principal, Lake Elementary School	Janesville, California
Willard G. Andresean	Supt., Lassen Un. High School Dist	Susanville, California
Robert Hicks	Director, Credence High School	Susanville, California
Raymond Modlin	Principal, Herlong High School	Herlong, California
Michael King	Principal,Lassen High School	Susanville, California
Phil Goddard	Principal-Long Valley Elem. School	Doyle, California
Cecil Rice	Principal, Ravendale Elementary School	Ravendale, California
Mrs. Lenore Brown	Principal, Richmond Elementary School	Susanville, California
Lavell Deese,	Principal, Shaffer Un. Elementary School	Litchfield, California
W.J. Clary	Supt. Susanville Elementary Schools	Susanville, California
Max Cagle,	Principal, Diamond View Elementary School	Susanville, California
Albert Cooper	Principal, McKinley Elementary School	Susanville, California
Mrs. Ronald Bailey	Parent, Tulelake, Cal (Box 216)	Tulelake, California
Eugene Chasey, Ph.D.	Arizona State University Professor	Tempe, Arizona
Georgianna Mortensen	Curr. Specialists, County Office	Yreka, California
Florence Weed	Nurse, Siskiyou County Schools	Yreka, California
Nancy Hodson	Speech Therapist, Siskiyou Co. Schools	Yreka, California
Daniel Landy	Principal Bogus Elementary School	Montague, California
Kathleen Flanagan	Principal - Callahan-East Fork Un. School	Montague, California
Eugene Evans	Principal - Dunsmuir Elem. School	Dunsmuir, California
Sue Davenport	Fall Creek Elementary School, Prin.	Hornbrook, California

LIST OF NAMES OF INDVIDUALS
RECEIVING FINAL REPORT

NAME		ADDRESS
Abner Weed Jr.,	Principal, Gazelle Union Elementary Sch.	Gazelle, California
James C. Patton	Prin., Happy Camp Elementary School	Happy Camp, California
Irene Whitaker	Principal, Junction Elementary School	Somes Bar, California
George S. Harnden	Supt - Prin., Montague Elementary School	Montague, California
Diane Brooks	Principal, Sisson Elementary School	Mount Shasta, California
Christina Tommaneng	Principal, Delphic Elementary School	Montague, California
Delwin Poe	Supt. Dunsmuir High School	Dunsmuir, California
Keith Von Borste	Prin., Forks of the Salmon Elem. School	Forks of the Salmon, California
Alan Eddy	Principal, Hilt Elementary School	Hilt, California
John Holliday	Principal, Klamanth River Elem. School	Klamath River, California
Jerry Ross	Principal, Macdoel Elementary School	Macdoel, California
Robert Krausse	Supt. Mount Shasta Elementary School	Mount Shasta, California
Marilyn Seward	Principal, Quartz Valley Elem. School	Fort Jones, California
Roger Condon	Principal, Butterville Un. Elem. School	Edgewood, California
James Rossi	Principal, Dorris Elmentary School	Dorris, California
Julian Rolzinski	Supt, Etna High School	Etna, California
Allen Baker	Principal, Cecilville Elem. School	Cecilville, California
Richard C. Dedrick	Prin. Grenada Elementary School	Grenada, California
Willis H. Jones	Principal, Hornbrook Elem. School	Hornbrook, California
Star Iris Coonrod	Principal, Little Shasta Elem. School	Montague, California
John Peracchino	Supt., McCloud Elementary School	McCloud, California
Edward Martin	Principal Sawyers Bar Elememtary School	Sawyers Bar, California
Dennis Randall	Prin. Seiad Elementary School	Seiad Valley, California
Douglas DeBortoli	Prin. Butte Valley High School	Dorris, California
Layman Saltzen	Principal, McCloud High School	McCloud, California
Howard Smith	Principal, Weed Elementary School	Weed, Califronia
Walter Biegler	Principal, Evergreen Elementary School	Yreka, California
Thomas Gordon	Principal Discovery High School	Yreka, California
Howard Riddle	Supt - Modoc-Tulelake Unified Sch. Dist.	Alturas, California
Crait Lester	Principal, Newell Elementary School	Tulelake, California
Arnold Torrigino	Principal, Tulelake Elementary School	Tulelake, California
Jay Clark	Principal, Modoc Junior High School	Alturas, California
Milton Boyden	Supt - Prin. Surprise Valley Elem. Sch.	Cedarville, California
Robert L. Sanderson	Prin. Fort Jones High School	Fort Jones, California
William Freeman	Principal, Mount Shasta High School	Mount Shasta, California
Arthur Grigg	Principal, Willow Creek Elementary School	Montague, California
John Ravenscroft	Principal, Yreka High School	Yreka, California
Gordon House, Prin	Principal, Alturas Elementary School	Alturas, California
William F. Swafford	Principal, Southfork Elem. School	Likely, California
Russell T. Stauffer	Principal, Modoc High School	Alturas, California
Herbert L. Stocking	Principal, Tulelake High School	Tulelake, California
John Hines	Dir. Guidance, Siskiyou High School	Mount Shasta, California
Edmund Gildersleeve	Principal, Happy Camp High School	Happy Camp, Califolrnia
Ralph Cleland	Principal, Weed High School	Weed, California
Robert Reynolds	Supt., Yreka Elementary School	Yreka, California
Tom W. Preece	Supt., Yreka,High School	Yreka, California
R.Benjamin Erb	Principal, Arlington Elementary School	Canby, California
Perry Bengston,	Principal, State Line Elem. School	New Pine Creek, Oregon

LIST OF NAMES OF INDIVIDUALS
RECEIVING FINAL REPORTS

NAME		ADDRESS
Steve C. Searcy	Supt., Trinity County High School	Weaverville, California
Donald Smith	Principal, Southern Trinity High School	Bridgeville, California
Robert F. Schoenesee	County Superintendent of Schools	Quincy, California
Harold Tooley,	Principal Injun Jim Elementary School	Belden, California
Richard Matthews	Principal, Portola Elementary School	Portola, California
John Cain	Principal, Trinity Center Elem. School	Trinity Center, California
William McCollum	Principal, Chester Elem. School	Chester, Califolnia
Jennings Van Fossen	Principal, Pioneer Elem. School	Quincy, Caifornia
Wendell Guess	Principal Quincy Elementary School	Quincy, California
Donald Raynard	Principal, Trinity High School	Weaverville, California
John V. Malarkey	Asst. Supt, County Office	Quincy, California
Don Ratzlaff	Principal, Greenville Elem. School	Greenville, California
George Cooper	Principal, Chester Jr/Sr High School	Chester, California
Glenn Thompson	County Supt of Schools, Lassen County	Susanville, California
Earl Sage	Dir. Special Ed. Lassen Co. Office	Susanville, California
Mrs. Clarence Holl	Principal, Big Valley Primary	Adin, California
Ruth Lagier	Principal, Janesville Elem. School	Janesville. California
Ryamond Modlin	Principal, Herlong High School	Herlong, California
Phil Goddard	Principal, Long Valley Elem. School	Doyle, California
Lavell Deese	Principal, Shaffer Elementary School	Litchfield, California
Max Cagle	Principal, Diamond View Elem. School	Susanville, California
Gino Micheletti	Guid. Coord. County Office	Susanville, California
Walter Carter	Principal, Big Valley High School	Bieber, California
John White	Principal, Johnstonville Elem. School	Susanville, California
Willard Andresean	Supt., Lassen Union High School	Susanville, California
Michael King	Principal, Lassen High School	Susanville, California
Cecil Rice	Principal, Ravendale, Elementary School	Ravendale, California
William Clary	Supt., Susanville Elementary School	Susanville, Caifornia
Albert Cooper	Principal, McKinley Elementary School	Susanville, California
Vincent L. Devaney	Supt., Herlong Elementary School	Herlong, California
Gladys Porter	Principal, Lake Elementary School	Janesville, California
Robert Hicks	Director, Credence High School	Susanville, California
Mrs. Lenore Brown	Principal Richmond Elementary School	Susanville, California

BEHAVIOR ANALYSIS DISTRIBUTION
1972-73

1.	Insert in each Dissemination Packet	500
2.	Charles Nelson, Beardsley School District, Bakersfield California	1
3.	Edwin Swanson,Big Creek School District, Big Creek, Calif	1
4.	Joe Hawthorn, Fairfield=Susin School District, Fairfield California	1
5.	Wayne L. Massie, Psychologist, Dept of Education Fresno County Schools, Fresno, California	20
6.	Jack Mayeda, San Mateo High School, San Mateo, Calif	1
7.	Gordon House, Modoc County Schools Office, Alturas, Calif	1
8.	Ken Sympson, Santa Rosa, California	30
9.	Irving Golder, 5951 Dayna Vista Ave., Oakland, Calif	1
10.	Donna Bolen, Title VI, Sacramento, Calif.	1
11.	Dorris Wheeler, Title VI Sacramento, California	1
12	Fred Bennett, Etna, California	5
13	Roy Crocker, Fort Jones, California	5
14.	Clark O'Dell, Siskiyou County Schools, Yreka, Calif	1
15,	Ken Simpson, Santa Rosa, California	30
16.	John B. Finkler, Pupil Personnel Services, Richmond Va.	1
17.	John McDonald, Youngstown, Ohio	1
18.	William Cunka, Greenview, Scott Valley, Siskiyou County	1
19.	Rose Del Rio, Imperial County Superintendent of Schools El Centro, Calif	1
20.	Margaret Braden, Youngstown State University, Youngstown, Ohio	1
21	Don Brecker, Supplementary Education Center, Chico, Calif	50
22.	Mrs. Diane Brooks, Principal, Sisson Elementary School, Mt. Shasta, California	15
23.	John S. Morgan, Chico State College, Chido	2
24.	George Jones, Dentist, Oroville	2
25	Behavior Analysis Workshop, Weed, California	60
26.	Behavior Analysis Workshop, Alturas, California	40
27.	Distribution at ACSA/EXPO	240
	Total Distribution	1,014

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1972-73

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5.	Wayne Massie, Psychologist, Fresno County Schools Office, Fresno, Calif	1
6.	Gwen Taylor, School of Nursing, University of California, San Francisco	1
7.	Betty DeGering, Orland, Calif	1
8.	Irving Golder, 5951 Vista Ave, Oakland Calif	3
9.	Jerald Frey, Modesto City Schools, Modesto, Calif	400
10.	Donna Bolen, Title VIB Dept of Education	1
11.	Doris Wheeler, Title V B Dept of Education	1
12.	Fred Bennett, Etna, Calif	1
13.	John B. Finkler, Richmond V.A.	1
14.	John McDonald, Youngstown, Ohio	1
15	William Cunka, Greenview (Scott Valley), Calif	1
16.	Rose Del Rio, Imperial County Superintendent of Schools, El Centro, Calif	1
17.	Margaret Braden, Youngstown State University Youngstown, Ohio	1
18.	George Jones, Dentist, Oroville	50
19.	Don Kelly, Title III, Sacramento	200
20.	Distribution to Dentist Convention	1,000
21	Don Kelly, Title III, (For San Diego)	200
22.	Dr. George Jones, Dentist, Oroville	150
23.	Distribution to Task Force Area #1	171
24.	Distribution to Task Force Area #2	59
25.	Distribution to Task Force Area #3	48
26.	Distribution to Task Force Area #4	76
27.	Distribution to Task Force Area #5	66
28	Distribution to Task Force Area #6	44
29.	Distribution to Behavior Analysis Workshops	49
30.	Distribution to Child Development Classes	50
31.	Distribution at ACSA/Expo	2,000
	Total Distribution	5,081

PROJECT EFFORT
1972-73

$510 per day Project Effort	Component I (Direct)			Component II	TOTAL
	Planning & Selection	Pre Screening	Task Force	Follow-up	
DORIS	17 Days	15 Days	3 Days	18 Days	53 Days
	$8,670	$7,650	$5,130	$9,180	$30,630
TULELAKE	6 Days	10 Days	4 Days	15 Days	35 Days
	$3,060	$5,100	$5,640	$7,650	$21,450
SCOTT VALLEY	15 Days	17 Days	4 Days	16 Days	52 Days
	$7,650	$8,670	$5,640	$8,160	$30,120
ALTURAS	7 Days	9 Days	4 Days	10 Days	30 Days
	$3,570	$4,590	$5,640	$5,100	$18,900
QUINCY	6 Days	9 Days	3 Days	7 Days	25 Days
	$3,060	$4,590	$5,130	$3,570	$16,350
SUSANVILLE	6 Days	8 Days	3 Days	8 Days	25 Days
	$3,060	$4,080	$5,130	$4,080	$16,350
TOTAL	57 Days	68 Days	21 Days	74 Days	220 Days
	$29,070	$34,680	$32,310	$37,740	$133,800

The above costs of development, implementation and dissemination were from both Title III and Title VI-B funds, in addition to this $133,800, $10,200 or 20 days were utilized in an indirect way with Title III funds only. Total for both Title III and VI-B was $144,000.

Describing Participants

1. Which participants received the program?
2. How many participants received the program?
3. What are the ages or grade levels of pupils in the program?
4. Did the program serve many more boys than girls, or vice versa?
5. What achievement scores were available before the program with which to describe the program group?
6. Are there other special characteristics you should mention in describing the program group?

All the students and preschool participants provided service during this project were of the State of California handicapped definition. A number of children in several of our more remote target areas were found to be in toxic condition due to neglected tonsils and adnoids, or abcessed teeth and our recommendations were to retest these children after the toxic conditions were clearnd up to determine if any handicapping condition existed for them. These conditions alone could be causing them to function below their normal level, and cause a reaction very unfavorable to the schools environment.

Our mission objective for this past year was to expand services in Trinity, Shasta and Siskiyou Counties, and to expand and identify 100 new handicapped children in Modoc and Lassen Counties. The project was to provide diagnostic and prescriptive services for 75 of these newly discovered 100.

The continued service in Trinity, Shasta, and Siskyou identified some 300 potential handicapped from referrals of teachers and agency personnel. Of these 300 referrals that were prescreened, 121 received greater in-depth study, some dental or pediatric examination other than were called for were given neurological examinations. Vision testing and other operations that were not carried out in our initial visit, when called for, were completed by special consultants. We involved Public Health Nurses, Welrare Departments, Community Services, as well as the Indian Health Project to get some of our follow-up medical recommendations carried out. In some instances the School Title I monies were utilized to get children their needed support for our newly discovered 100 handicapped to whom 75 would receive treatment and benefit educationally. Our needs assessment gained over three hundrednew referrals. Of our new referrals 90 received some type of treatment, all benefiting in excess of objectives for the project year.

Our feedback staffing session on handicapped students captivated most of the teachers in the Alturas area, 70% of the teachers in Modoc County, and we have since held three Behavioral Analysis Workshops in which some of these teachers attended and upon request of their superintendent, will conduct Behavior Analysis Workshops in their area in September of this coming school year as a part of their opening school institute.

We feel that making teachers aware of the multitude of the types of handicaps children have, and the analysis of skills and techniques for teaching them, would be of great value to all students.

In the elementary schools, we had about the same number of boys and girls. We had more boys in our preschool group and high school.

Measuring Changes

1. What measures were applied to find out whether the program's aims were achieved?
2. How were the measures matched to the objectives?
3. How were the measures matched to the pupils' capabilities?
4. Were observers specially trained?
5. How much time elapsed between testings?

We have developed a monitoring system for each referral we have received. We keep an up-to-date record on all children examined by our consultants to see if the requested recommendations are carried out, with the requested results sent to the appropriate school, or agency officials. We then proceed to follow the reports to see if any change has occurred due to our specific treatment. We obtain commitments to this follow-up activity beofre we will enter a target area, and so far this has sufficed.

I have no record of the test results for the college classes that we sponsored through the local junior college, but any exposure to intelligent and sensible child development principals and behavioral modification ideas can only be helpful to the parent and child to understand each other.

Our Behavior Analysis Workshops speaks for themselves, we have some eight requests for this service this coming year and more requests are expected as schools assess this coming fall. This workshop gives the teachers skill and various techniques for managing their problem children within the classroom.

The computed data from this years Six Task Forces are found in Dr. McNamara's article.

Presenting Data

1. What data were obtained from the measures applied?
2. What measures of central tendency were used?
3. What measures of dispersion were used?
4. Include graphs and/or tables which present data more clearly.

The data we have obtained thus far from our needs assessment surveys and studies of our area are the 10% of students are handicapped is probably low. The schools have made very feeble attempts to date to find and provide service to their handicapped children in our more remote, rural, isolated, and mountainous communities. In many cases, the school officials are oblivious of this as a problem and due to economic constraints and the difficulty obtaining and keeping highly professional special educators has dismissed this problem. The agencies in the same areas due to the same general constraints have solved the problem in much the same way, its someone elses problem, or that the problem does not exist, or is a self-fulfilling prophecy of nothing gets done. The sparity of population and the general nature of this population to quietly do what they can with the resources at hand, has allowed the handicapped programs to almost disappear. Now that new funding sources, or new definitions of programs exists some of these constraints will be dissipated. All the special school programs in our subdivision take care of less than 40% of the potential handicapped population.

Analyzing Data

1. What analyses were undertaken of the data?
2. What was the basis for judging the progress of the program group?
3. What comparisons were drawn for subsamples?
4. What evidence is there that those who attended more gained more from the program?

Each target area was assessed as to handicapped population receiving services by recording all the available data on each handicapped child, D1 and D2 forms. This data was compared with a statistical model developed for the total student population of the United States by the Department of Health, Education and Welfare that 10% plus of our total student population are handicapped. A copy of this model is included in this report. When all school data is gathered, project personnel collect all the agency data and we redefine our appraisal. If areas exist that appear suspect, we launch into a more indepth study of the area. Our needs assessment studies utilized community people and they usually have found handicapped children that was not known to either agency or school. This was probably due to the lack of sophistication on the part of our particular population and encouraged by lack of exposure to the problem for many years.

After we selected most critical referrals, we initiated our multidisciplined Task Force to examine, indepth, the problems. After diagnosing the problems and appraising the area findings, project personnel in concert with concerned community people, school and agency officials devise a strategy for the area to alleviate the found needs. An example: poor nutrition - need of a lunch program and in general, knowledge about foods.

Special education curriculum can be examined. This is good where programs with specialized personnel are involved. This aspect of our project endeavors is supportive in nature and the workshops implemented make all teachers more aware of how to handle children with problems.

Data from all the medical follow-up is distributed to professional people and agency personnel when relevance to the problem is present.

We have divided our data of problems discovered into three areas: (1) Physical/medical - problems diagnosed as conditions that require some kind of medical intervention. (2) Cognitive/educational - problems that can be defined in the Educational Code as educational have a title and prescribed conditions relative to an educational program. (3) Social/behavioral - problems that have relevance to the social environment of the individual involved. Many of these above mentioned conditions have relevance and overlap one another, but for purposes of this study have been separated.

We still know of children, due to our community needs assessment that have not received appropriate service from agencies as due to our area constraints of isolation, sparsity, typography and economics. This aspect of service may be one of our priorities for this coming year.

Significant findings this past year show that the average school age child is probably in fair shape medically, socially and educationally, but when there is a problem there is usually many. Findings accompanying this report show the referrals examined to have four or more conditions to be corrected before optimum growth is possible.

Project Objectives and Findings

1. What were the project objectives of the program?
2. State the findings in ordinary language for each objective.
3. Indicate clearly success or failure for each objective.
4. Can the findings be generalized, or are they applicable only to the group served by the program?
5. What were the causative factors for unmet objectives?
6. What are the other important findings which were not anticipated?

The project objectives are as follows:

1. Identify handicapped minors who are not receiving adequate and appropriate services.

2. Provide a Task Force of specialized multi-disciplined personnel for diagnosing, prescribing, instructing and treating the (a) Handicapped minor, (b) Parent and/or(c) Teacher.

3. Assist teachers of handicapped students in developing behavior modification and anlysis skills, guaranteeing greater student success.

4. Coordinate into constructive programs, community services of both private and public organizations and groups concerned with the handicapped to supplement the school programs.

Our needs assessment function was one of our more successful ventures as an entire community is aroused. This process usually is an ongoing function and will continue with school and agency involvement beyond the project termination as long as the needs exists.

The Task Force clinic of specialized multi-disciplined personnel was extremely valuable as it contributed talent and resources that were not available before in a relevant way to this population. This multi-disciplined approach with immediate staffing feedback to teachers and parents, identified the problems found and with project support and continued follow-up effort, implement programs to alleviate the found needs.

The behavior analysis workshop is a very successful process of analyzing behavior problems in such a way that one can manage by simple reward systems a problem child's activities, creating a more wholesome school environment.

It's wonderful to have goals, but giving a teacher a skill that will enable him or her to manage a problem child in a positive way that will enable both the problem child and the entire class to reach the assigned goal is a fantastic help.

The particular process, Behavior Analysis is a useful skill or tool for any teacher in any class, not just for handicapped children.

There has been a concerted effort in all of our target areas to coordinate and make accountable the responsible agencies to handicapped children and their parents. In some cases, such as Modoc, the agency people developed an inter-county coordination committee with Public Health sponsoring all medical follow-up recommended by our Task Force. In some cases, Title I monies were used for this endeavor coordinated by the Title I school program coordinator. Concerned adults from these groups are seeing that all recommendations other than educational are taken care of by either community service, welfare or Crippled Children Services.

The major failing of the project thus far has been the slow development in some areas of this follow-up effort. The project in the past has coordinated this effort and even paid for some functions outside of the perimeters of the project such as drugs, in one case in Siskiyou County. This cost has since been covered by the Indian Health Project so that personnel packet monies was not required. Project personnel are now alerted to new resources not available during our developmental phase for providing aid to children in need. A part of our project Task Force function is to gain commitment of parents to either a workshop or class and to complete for their children the other than educational recommendations of the Task Force.

Important side effects of this project as funded was that teachers were exposed to top notch professional experts in areas related in various ways to the handicapped and students without handicaps. Few teachers, I feel, were aware of the vast continuums of handicaps discovered in their students. Our multi-disciplined approach: medical, dental, social history, speech, hearing, vision and psychological testing adds new dimensions to the understanding of children by teachers. Our workshops give the teachers the skills they need to manage their classes, and to see that sound educational growth is generated for all their students.

The child development classes and Behavior Analysis and Modification Classes given for parents and teachers together allowed for growth and understanding by parents of their children.

Interim Objectives and Findings

1. What were the interim objectives of the program?
2. State the findings in ordinary language for each objective.
3. Indicate clearly success or failure for each objective.
4. Can the findings be generalized, or are they applicable only to the group served by the program?
5. What were the causative factors for unmet objectives?
6. What are the other important findings which were not anticipated?

The interim objectives of the program were as follows: To develop a workable set of guide lines for a working in and with a rural, remote and isolated school district, whereby an outside group of specialists can intervene and successfully provide a service to handicapped children for their parents and teachers without disrupting and threatening the target school district.

To develop a concerned community group that would be supportive to the project activities and encourage both agency and school change, if this is found to be needed.

To make teachers, administrators and parents more aware of the problems of handicapped children and make the resources available to them.

To assist parents, teachers and agencies in the medical, educational and emotional follow-up of recommendations developed by the project.

Project personnel feel that most objectives were successfully achieved. There were many questions about providing adequate medical follow-up; such as, neurologicals, laboratory tests and even drugs. Project funds were not to be used for this function and Public Health, Title I, school monies and Medi-Cal Health Cards in most instances, covered most of the cost. This is an area, however, that needs greater clarification, and and agency responsibilities must be spelled out to all concerned.

Lack of funds for these specific medical costs and unknown or unrecognized agency responsibility caused some concern after project personnel was informed that project funds could not be utilized in this fashion. In the first two years of the project, if no other source of funds such as insurance or agency could be found, we paid the costs of both transportation and medical expenses incurred.

Some of the important findings not anticipated were the vast areas of responsibility for numerous agencies, overlapped and without proper communication channels and specific guidelines, were never examined to know what problems really existed. School districts did not know about special education funding, and because of past experience of doing without or making do with what they had or having the rug pulled from under their efforts have not implemented special education programs.

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SUBMITTED TO ERIC DOCUMENT REPRODUCTION SERVICE.
PAGE 47 TO 59

PHYSICAL CONDITIONS IDENTIFIED

PHYSICAL CONDITIONS	TF1	TF2	TF3	TF4	TF5	TF6	TOT
DENTAL							
Caries & Acute Dental	6	6	16	6	8	12	54
Orthodontic Evaluation	7	5	3	9	7	7	38
Sub Total	13	11	19	15	15	19	92
VISUAL DEFECTS							
Refractive Errors	7	10	5	8	8	3	41
Caterects	0	1	0	0	0	0	1
Ptosis	0	1	0	0	1	0	2
Strabismus	0	0	0	0	0	1	1
Chorioretinitis	0	0	0	0	0	1	1
Sub Total	7	12	5	8	9	5	46
HEARING LOSS	3	9	4	4	3	4	27
SPEECH	0	3	0	6	6	5	20
NEUROLOGICAL CONDITIONS							
Cerebral Palsy	0	2	2	0	0	0	4
Seizures	2	0	1	1	1	3	8
Microcephaly	0	1	2	1	1	4	9
Paraplegia	1	0	0	1	0	0	2
Meningomyelocele	0	0	0	1	0	0	1
Myopathic Conditions	0	0	0	0	1	0	1
Sub Total	3	3	5	4	3	7	25
ORTHOPEDIC	0	2	0	0	0	0	2
KIDNEY PROBLEM	1	0	0	0	0	1	2
HERNIA	0	2	0	0	0	0	2
GROWTH PROBLEMS							
Obesity	0	3	0	1	1	1	6
Endocrine (metabolic)	0	0	1	0	2	0	3
Growth Retardation	0	1	0	0	0	1	2
Sub Total	0	4	1	1	3	2	11
GENETIC DISORDERS							
Down's Syndrome	1	0	0	2	0	0	3
Neurofibromatosis	0	1	0	0	0	0	1
Sub Total	1	1	0	2	0	0	4
DERMATOLOGIC	0	0	4	1	1	0	6
TOTAL PHYSICAL CONDITIONS IDENTIFIED	28	47	38	41	49	43	237

PHYSICAL CONDITIONS IDENTIFIED

FROM TABLE I

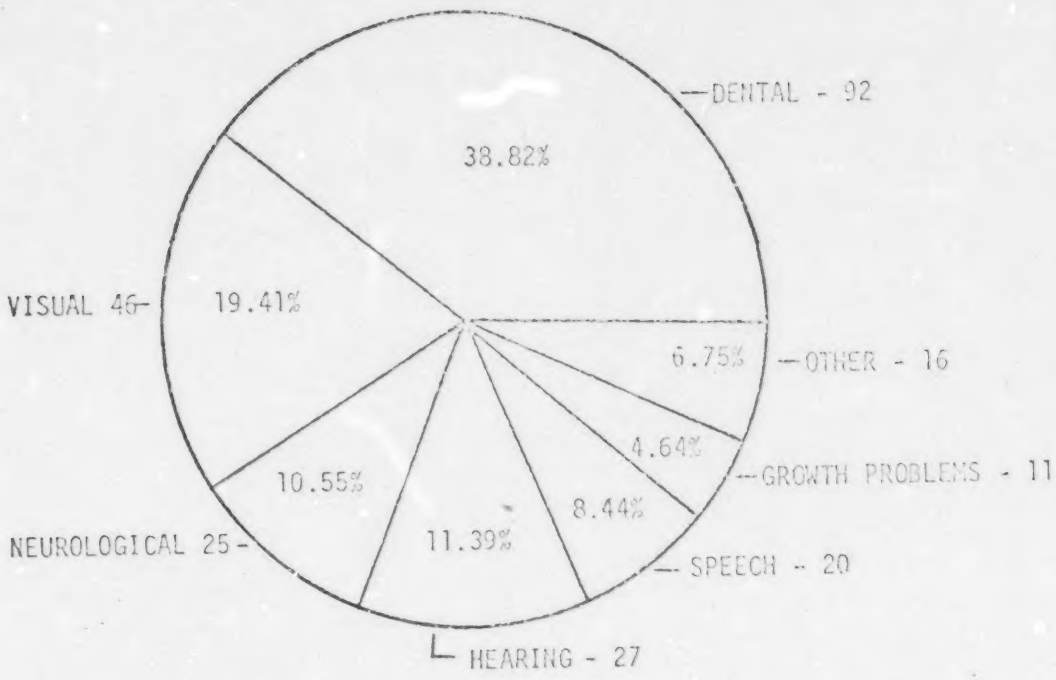


TABLE II

SOCIAL BEHAVORIAL CONDITIONS IDENTIFIED

SOCIAL BEHAVORIAL CONDITIONS	TF1	TF2	TF3	TF4	TF5	TF6	TOT
EMOTIONALLY DISTURBED							
Various	3	5	15	9	6	3	41
Depression	2	0	0	1	0	1	4
Aggressive Acting Out	0	0	1	1	2	0	4
School Phobia	0	1	0	0	0	0	1
School Absentee Chronic	0	0	0	0	1	0	1
Enuresis	2	0	4	0	0	0	6
Encopresis	0	2	0	0	0	0	2
Sub Total	7	8	20	11	9	4	59
HYPERACTIVE SYNDROME	3	5	2	0	3	4	17
STRUCTURAL FAMILY BREAKDOWN	7	1	12	8	6	7	41
CULTURAL DEPRIVATION	2	1	2	5	1	2	13
SOCIAL ISOLATION	4	1	4	5	1	0	15
TOTAL SOCIAL BEHAVORIAL CONDITIONS IDENTIFIED	23	16	40	29	20	17	145

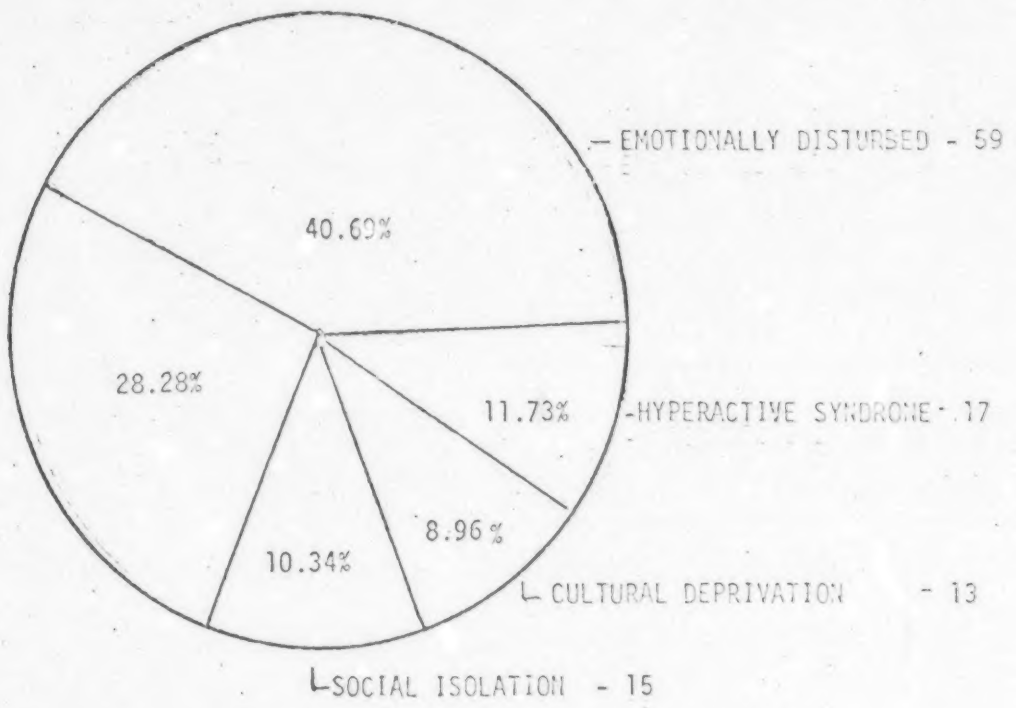


TABLE III

COGNITIVE/EDUCATIONAL CONDITIONS IDENTIFIED

DISABILITY	TF1	TF2	TF3	TF4	TF5	TF6	TOT
MCD[1]	8	3	3	3	6	2	25
DYSLEXIA[2]	2	1	1	3	0	1	8
EH Only[3]	11	6	6	7	2	3	35
ED. MENTALLY RETARDED	1	3	2	1	2	4	13
TRAINABLE MENTALLY RETARDED	1	1	0	1	1	1	5
TOTAL	23	14	12	15	11	11	86

1) Learning disability with neurologic signs
2) Learning disability in a familial context
3) Learning disabilities alone

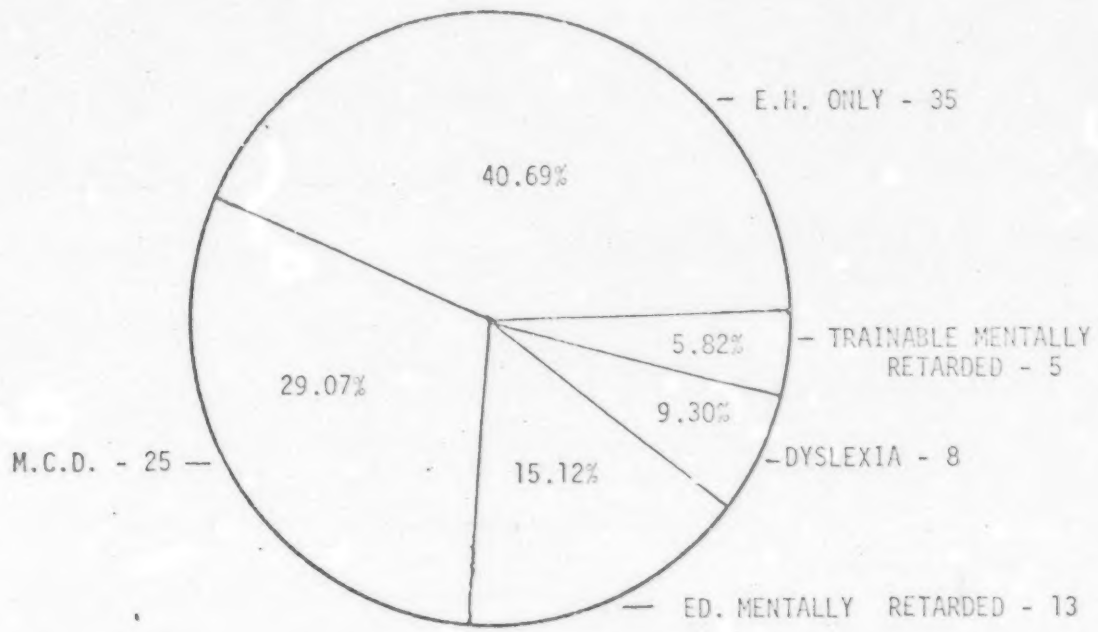


TABLE IV

SUMMARY OF DIAGNOSIS

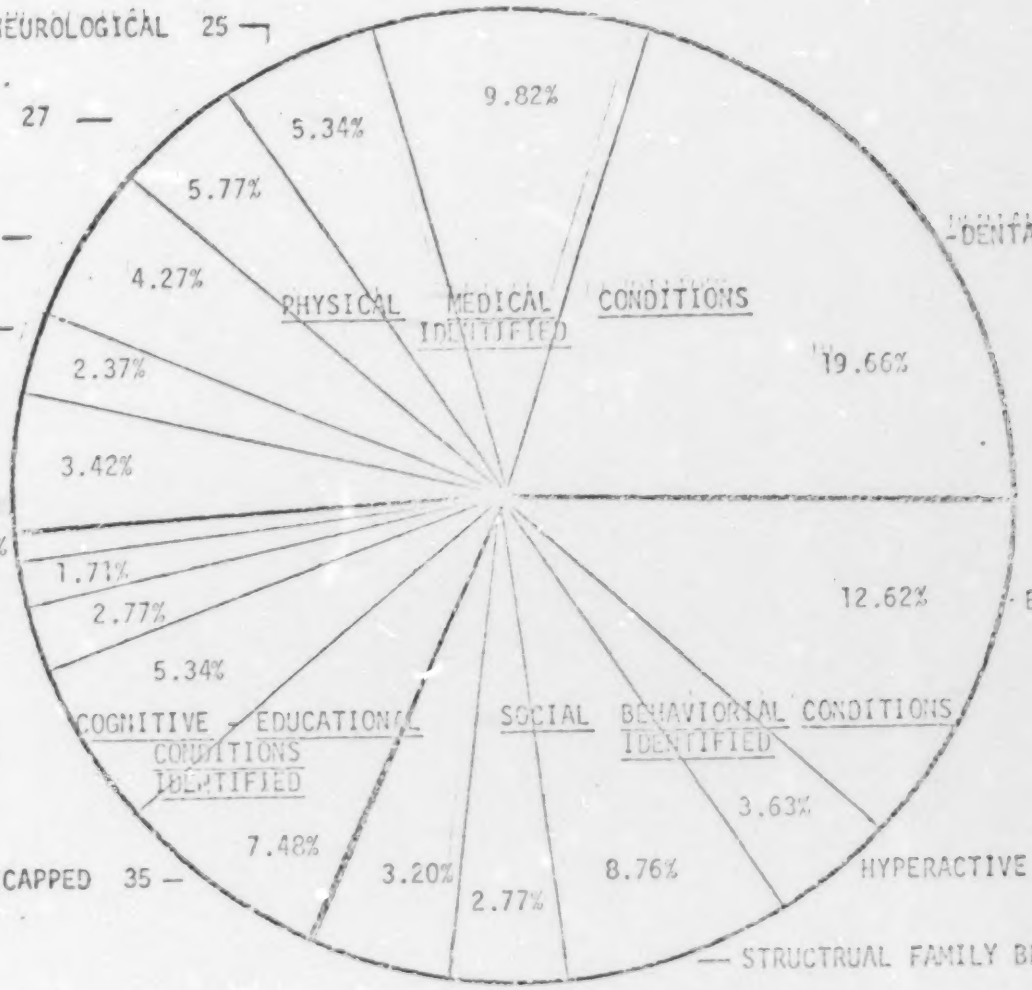
TASK FORCE	TOTAL STUDENT POPULATION	REFERRALS PRESCREENED	CHILDREN EXAMINED BY TASK FORCE	NO. OF CONDITIONS DISCOVERED	NO. OF CONDITIONS PER CHILD	PHY./MED. COND.	SOC./BEHAV. COND.	COGNITIVE/ED. COND.	TOTAL
TF1 (No. Per Child)	393	168	14	74	5.28	28 (2.00)	23 (1.64)	23 (1.64)	74 (5.28)
TF2 (No. Per Child)	688	240	20	77	3.85	47 (2.35)	16 (.80)	14 (.70)	77 (3.85)
TF3 (No. Per Child)	720	252	21	90	4.28	38 (1.81)	40 (1.90)	12 (.57)	90 (4.28)
TF4 (No. Per Child)	969	240	20	85	4.25	41 (2.05)	29 (1.45)	15 (.75)	85 (4.25)
TF5 (No. Per Child)	1,673	280	15	71	4.72	40 (2.66)	20 (1.33)	11 (.73)	71 (4.72)
TF6 (No. Per Child)	1,661	280	16	71	4.44	43 (2.69)	17 (1.06)	11 (.69)	71 (4.44)
TOTAL (No. Per Child)	5,831	1,460	106	468	4.42	237 (2.24)	145 (1.37)	86 (.81)	468 (4.42)

Percent P/M - 50.64%

Percent Soc/Behav. - 30.98%

Percent Cog/Educational - 18.38%

PERCENT AND NUMBER OF HANDICAPS FOUND DURING SIX TASK FORCE ENDEAVORS INVOLVING ONE HUNDRED AND SIX CHILDREN



DIAGNOSIS SUMMARY

HANDICAP	CHILDREN HANDICAPS	%	HANDICAPS PER CHILD
PHYSICAL/ MEDICAL	106 237	50.64%	
SOCIAL /BEH.	106 145	30.98%	
COG/ED.	106 86	18.38%	4.42
TOTAL	468	100.00%	

TABLE V

POTENTIAL FOR SPECIAL CLASSES

TASK FORCE	NO. OF CHILDREN EXAMINED	POTENTIAL ELIGIBLE FOR SPECIAL CLASSES EH, MR, PH, MH, ETC.	NUMBER OF CHILDREN EXAMINED ARE PRESENTLY ENROLLED IN A SPECIAL CLASS	POTENTIAL NUMBER OF STUDENTS ELIGIBLE FOR SPECIAL CLASSES & NOT ENROLLED	PER CENT ELIGIBLE
TF1	14	14	0	14	100%
TF2	21	15	3	12	57%
TF3	20	15	1	14	70%
TF4	20	15	3	12	60%
TF5	15	10	4	6	37%
TF6	16	11	2	9	56%
TOTAL	106	80	13	67	xxxx
Percent	XXX	100%	16%	84%	63%

HANDICAP SUMMARY FROM SIX TASK FORCE VENTURES
1972-73

HANDICAP CONDITION	NUMBER OF CONDITIONS	NUMBER PER CHILD (106)	% P.M.	PERCENT OF HANDICAP CONDITIONS (1)
PHYSICAL MEDICAL				
Dental	92	.87	38.82%	19.66%
Visual	46	.43	19.41%	9.82%
Neurological	25	.24	10.55%	5.34%
Hearing	27	.25	11.39%	5.77%
Speech	20	.19	8.44%	4.27%
Growth Problems	11	.10	4.64%	2.37%
Other	16	.16	6.75%	3.42%
Total	237	2.24	100.00%	50.64%
COGNITIVE/EDUCATIONAL			% C.E.	
Educationally Handicapped	35	.33	40.70%	7.48%
M.C.D.	25	.24	29.07%	5.34%
E.M.R.	13	.12	15.12%	2.77%
Dyslexia	8	.08	9.30%	1.71%
T.M.R.	5	.04	5.81%	1.07%
Total	86	.81	100.00%	18.38%
SOCIAL BEHAVORIAL			% S.B.	
Emotionally Disbrubed	59	.56	40.69%	12.62%
Hyperactive Syndrome	17	.16	11.73%	3.63%
Structural Family Breakdown	41	.39	28.28%	8.76%
Cultural Depravation	13	.12	8.96%	2.77%
Social Isolation	15	.14	10.34%	3.20%
Total	145	1.37	100.00%	30.98%
TOTAL	468	4.42		100.00%

(1) By applying the percentages in this column times the number of selected children (1 - 5 percent of the student population) possible predictable handicap potential could be determined, however, more Task Force experience is necessary to verify these anticipated results.

THE PROBLEM STUDENT IN THE RURAL SCHOOL SETTING

A Model for Identification, Diagnosis and Management

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It is a general assumption in middle-class society that the school-age child should achieve an academic performance on a par with inherent capability and that individual learning strengths should be maximized. This achievement is presumably correlated with future material success and personal happiness. It is also well known to school authorities that individual students fail to meet expectations. It is often suspected by school personnel that physical/medical, social/behavioral, and cognitive/educational factors may play a role in impeding the progress of the individual student. In many schools, full evaluation of these three areas of concern is not achievable. Finally, often because of the complex nature of such problems, meaningful interventions which necessarily involve students, parents and the community as a whole cannot be implemented.

To address these problems, the Service Center for Handicapped Children in Redding, California, under the sponsorship of the Shasta County Superintendent of Schools, has developed a program for the identification and assistance of the problem student in the rural setting. Funding has been provided through ESEA Title III and EHA Part B funds.

The overall goal of this program is to provide solutions for the unmet needs of the problem student in the more remote, rural and isolated communities of Northern California.

This report will deal with some findings from the first full-scale year of operation. Long-term follow-up and evaluation cannot be presented. However, four significant issues are evident which bear on the question of evaluation and reproducibility of this program. The first is program structure as it relates to community involvement, both for the identification of the problem student and the ultimate solution of problems. Second is the nature and complexity of the problems discovered, which justify the multi-disciplinary approach to diagnosis that is advocated, but also set limits to the potential for solutions. Third is some observations on the nature of the rural communities in Northern California, both their diversity and some common themes manifested by problem students. Fourth is the design of problem interventions, some of which are individual and some of which are community and group oriented.

The Service Center operates in six Northern California counties: Siskiyou, Modoc, Trinity, Shasta, Lassen and Plumas. These comprise a rugged, often wilderness area of around 25,000 square miles with a dispersed population of 158,000 of whom 40,424 are students. Obviously the first task involves selection of target geographic areas and then selection of target populations. Selection of target areas is considered a professional task. Analysis of the student enrollment, estimates of expected numbers of students with problems on the basis of statewide averages, and determination of enrollment in existing special education programs all narrow the search.

Special requests and prior knowledge of the staff also contribute. Finally, some assessment of the potential for local school effort and concerned agency and parent effort is made. An assumption of basic good will on the part of the local community underlies final selection. Areas finally selected for potential involvement are those where need is greatest.

The next step is to secure commitment of appropriate local school authorities and concerned agencies. Creation of a referral network follows. To accomplish this, access to the community itself is imperative. While many ways of accomplishing this are possible, formation of a parents advisory group has proved most useful. This group has usually been formed by soliciting key individuals known to schools or agencies, who in turn suggest individuals, etc. In a small population base, a group can be put together to which collectively almost all members of the community are known. The objective of this group is to identify by a survey the parents of at least 90% of all handicapped or problem children in the target area. Data, storage and retrieval procedures are established. Orientation meetings to the purpose and conduct of the survey are held. The survey is conducted by phone and personal contact.

After this initial ascertainment, criteria must be established for the selection of those children to be given a full evaluation. This is a joint venture by the advisory group, the school personnel and the staff of the Service Center. Ultimately, actual selection of those to be fully evaluated is left to the local group.

this process accomplishes two ends. It avoids the charge of outside interference and places the burden of triage on the community itself. Also, it generates an involved community group which can act as a resource to find solutions to identified problems. Table 4 illustrates the results of this triage process in six communities. Out of a variable student population base, from 15 to 20% of students are identified as having a potential problem. The problems of these referred children are then analyzed and priorities assigned. Approximately 10% of this prescreened group are selscted for multi-disciplinary evaluation. Children actually evaluated constitute between 1 to 5% of the general student population. This organizational effort is accomplished by a full-time staff of four, including two educational administrators, a psychologist and a school nurse.

The second finding uncovered by this process is the complexity of the problems discovered in the small (1 to 5%) sub-group of the school population. A multi-disciplinary team consisting of two pediatricians, two psychologists, one psychiatrist, one pedodontist, one optometrist, one audiologist, one speech therapist, two public health nurses and two psychiatric social workers provides a one-and-a-half day in-depth assessment of the child, his family and his learning environment. Immediate feedback is available to parents and school personnel, with a full written report to follow. Presentation of the problems actually identified follow the method of Talbot[1]. The diversity and multiplicity of the findings is impressive. Tables 1 to 3 list the conditions identified in 105 children examined in six rural towns. The average number of conditions per child is greater than four, with almost every child having a problem in the three major areas: physical/medical,

cognitive/educational, and social/behavioral. In this analysis we have weighted all conditions equally. Clearly some conditions have more influence on school performance than others. Also some are more correctable than others. Full analysis of the "web of causality" in these 105 children is not presented at this time. However, the diversity of problems does seem to demonstrate the necessity for a multi-disciplinary evaluation for all children identified in informal ways as being problems in school.

The third set of findings relates to the nature of the rural communities themselves. First, like other areas of society, most notably the inner cities, they lack professional resources. However, they do contain many resources appropriate to problems actually identified, especially those of a social and behavioral nature. For example, social isolation is a prominent factor in the development of aberrant behavior in some of the school children seen. Children live in isolated houses down long dirt roads. Many have no exposure to peers and peer interaction. Aggressive acting out in school may result. However, local action to develop group recreation is quite feasible and the Service Center has been active in developing specific programs in specific communities. Cultural deprivation, at least in the sense of lack of familiarity with the values and aspirations of the societal majority, can be balanced by the active involvement of local groups and individuals. Development of these resources is an ongoing function of the full time staff at the Service Center.

Second, negative attitudes, especially towards cognitive problems and mental retardation, must be countered by education. While a large literature in this area does not exist, it would seem that such attitudes are not peculiar to this area[2]. The attitude on the part of local professionals that nothing can be done often becomes a self-fulfilling prophecy.

Third, a major underlying theme exhibited by a majority of the children examined is one of "family flight". The families of these children are fleeing. They often have made three to six moves in a span of one to two years. These migrations are interstate as well as within California. Some of the ostensible reasons relate to making a new start, getting back to nature, etc. However, more often denial of problems and immaturity are major motives. Convincing such parents that their problems will not be solved, but probably will only be made worse by further moves is a major difficulty. This instability and constant movement itself often is reflected in the child's learning and behavior. It would seem, however, that this may be a specific feature of rural California.

The fourth finding relates to the design and implementation of adequate interventions and is critical to the success of such a program. Some of these interventions are individual and some of them are group-oriented. Almost all are facilitated by the parent advisory group. I have already mentioned some interventions in the social behavioral area (social isolation, cultural deprivation). The Service Center also has provided, in two of the six areas covered in this report, workshops on behavior analysis and

modification for school personnel and classes in child development for parents. The staff psychologist has worked with local teachers on prescriptive education programs for individual students. The staff nurse has followed up on medical referrals to private physicians, medical centers and the Crippled Children Services Program. Referrals to mental health centers have been initiated and social supports, such as food stamps, etc., have been obtained where indicated.

A final summation of problems identified and conditions corrected is not completed at present. Stimulation of the development of local special education programs has centered around demonstrating the need for the service to parents and local and state officials. Also, it is necessary to show that the number of children identified can legally constitute the basis for a special class and that state funding to offset the cost of such education is indeed available.

It is hoped that replication of such a program will be stimulated by three factors. 1. The school personnel from other school districts have been involved in the task forces as observers. 2. The total manpower requirements are not excessive if the services are regionalized and if specialized manpower can be imported for the occasion. 3. Emerging state master plans for special education mandate a prescriptive process of this nature as a prerequisite to special education placement.

In summary, a model has been developed and implemented for community involvement in a multi-disciplinary educational/medical approach to the problem student. The complexity of the problems of such students requires

evaluation of this nature. Some of the constraints imposed by the rural setting can be overcome by education and community involvement. Other constraints are more resistant to solutions. Finally, preliminary evaluations suggest such a program is beneficial and that replication is possible.

REFERENCES

1. Behavioral Science in Pediatric Medicine. Talbot, N. B., Kagan, J. and Eisenberg, L., Saunders 1971.

2. Kane, Robert. Determination of Health Care Priorities and Expectations Among Rural Consumers. Health Services Research 2:142-151 Summer 1969.

TASK FORCE	Number of Students	PERCENTAGE, CLASSIFICATION OF DISABLING FACTOR 10 20 30 40 50 60 70 80 90 100
1	14	MEDICAL SOCIAL EDUCATIONAL
2	20	MEDICAL SOCIAL EDUCATIONAL
3	21	MEDICAL SOCIAL Educational
4	20	MEDICAL SOCIAL Educational
5	15	MEDICAL SOCIAL Educational
6	16	MEDICAL SOCIAL Educational

TASK FORCE	NUMBER OF DISABLING FACTORS MEDICAL	SOCIAL	EDUCATIONAL	TOTAL PER TASK FORCE	AVERAGE PER STUDENT
1	27	23	23	73	5
2	47	16	15	78	4
3	38	40	14	92	4
4	41	29	12	82	4
5	41	20	11	72	5
6	42	17	11	70	4
TOTALS	236	145	86	467	4

TOTAL MEDICAL	51%
TOTAL SOCIAL	31%
TOTAL EDUCATIONAL	18%

MEDICAL SOCIAL Educational

DATA SOURCE: Task Force Activities Conducted in Northern California Counties in 1972-73

PROJECT: Service to Rural Isolated Children (Dale Thorsted, Director)

LOCAL AGENCY: Shasta County Superintendent of Schools Office, Redding, Ca. (Roy Doty, Superintendent)

FUNDING OFFICES: EHA, Title IV, Part B, Dr. Art Phelps, Director); ESEA, Title III (Dr. John Schaeffer, Director)

DISSEMINATION AGENCY: Northern California Program Development Center, Chico, Ca. (B. Keith Rose, Director)

TOTAL NUMBER OF REFERRALS EXAMINED	106
TOTAL NUMBER OF REFERRALS PRESCREENED	1460
TOTAL DISTRICT POPULATIONS	5331